

CITY OF



COVENTRY

THE HEALTH SERVICES OF COVENTRY IN 1960

BEING THE

ANNUAL REPORT
BY THE MEDICAL OFFICER OF HEALTH

T. MORRISON CLAYTON
M.D., B.S., B.Hy., D.P.H.

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HEALTH COMMITTEE
(As at 31st December, 1960)

Chairman—Councillor R. NICKSON

Vice-Chairman—Councillor T. L. K. LOCKSLEY

The Lord Mayor (Alderman H. STANLEY)

The Deputy-Mayor (Alderman W. CALLOW)

Alderman Mrs. E. A. ALLEN

Alderman B. H. GARDNER

(Nominated by the Education Committee)

Councillor W. A. BINKS

Councillor A. E. HINKS

Councillor Mrs. E. JONES

Councillor E. A. KEYTE

Councillor R. LOOSLEY

Councillor W. PARFITT

Dr. J. BALLANTINE (nominated by the
Coventry Branch of the British
Medical Association).

Mr. H. C. HANNAM-CLARK (nomi-
nated by No. 20 Group Hospital
Management Committee).

Dr. N. J. L. ROLLASON (nominated by
the Coventry Executive Council).

Co-opted for Purpose
of National Health
Service Act Functions

STAFF OF THE HEALTH DEPARTMENT

Medical Officer of Health, Principal School Medical Officer, Medical Advisor to the Pensioners Committee and to the Children's Committee :

T. M. Clayton, M.D., B.S., B.Hy., D.P.H.

Deputy Medical Officer of Health, Deputy Principal School Medical Officer.

A. Parry Jones, M.B., B.Ch., D.P.H.

Senior Assistant Medical Officer for Maternity and Child Welfare :
Janet Margaret Done, M.D., B.S., D.P.H., D.R.C.O.G.

Assistant Medical Officers :

Rosemary A. Beasley, M.R.C.S., L.R.C.P., D.Obst.R.C.O.G.

Mary D. Daly, M.B., B.S., M.R.C.S., L.R.C.P.

Doreen J. Dicks, M.B., Ch.B., L.R.C.P., M.R.C.S., D.C.H.

Ada M. Fryer, M.B., Ch.B., D.R.C.O.G., L.M.

Marion Hommers, M.B., Ch.B.

Sarah N. Joseph, M.B., B.S., D.R.C.O.G.

Mary A. H. Lawson, M.B., B.Ch., B.A.O., D.P.H.

J. B. M. Porter, L.R.C.P., L.R.C.S.

W. Tempowski, M.B., B.Ch.

Dorothy I. Troup, M.B., Ch.B., D.Obst.R.C.O.G.

Evelyn M. Wilkins, M.B., Ch.B.

Veterinary Officer : E. M. Pittaway, M.R.C.V.S.

Health Visiting :

Superintendent Miss M. D. Lloyd, S.R.N., S.R.F.N., S.C.M.,
H.V. Cert.

Deputy Superintendent Miss K. L. Houlton, S.R.N., S.C.M.,
H.V.Cert.

Deputy Superintendent Mrs. B. E. Mackie, S.R.N., S.C.M.,
H.V.Cert.

Health Visitors 44

Tuberculosis Visitors 3

School Health Nurses 6

Temporary School Nurses 5

Occupational Therapist 1

Municipal Midwifery Service :

Non-Medical Supervisor Mrs. E. E. Woodley, S.R.N., S.C.M.

Deputy Supervisor .. Mrs. B. Fell, S.R.N., S.C.M.

Midwives 45

Day Nurseries :

Supervisor Mrs. M. E. Williams, S.R.N.

Nursery Matrons : Miss M. Allan, Miss K. G. Blakemore,
Mrs. B. Bruton, Mrs. E. M. Butcher, Mrs. G. Crichton,
Miss D. M. Griffiths, Mrs. I. Lines, Mrs. M. Rusted,
Mrs. M. Wagstaff.

Nursery Staffs Nurses 92. Others 38.

Administrative and Clerical Staff :

Principal Administrative Assistant	F. Ellis
Deputy Principal Administrative Assistant : D. C. James, D.M.A.	
Administrative Assistant (Health Services Division) :	
	C. E. Boden, D.M.A.

Administrative Assistant (Mental Health) : Miss B. M. Sanders

Senior Section Officers :

M.O.H. Personal Secretary	Miss J. Symcox
Finance	K. Liggins
Infectious Diseases, Vaccination and Immunisation : G. Hubbard	
Salaries, General Office and Inquiries	S. Wardle
School Health, Maternity & Child Welfare : Miss E. Stephen	
Typing Pool	Miss M. E. Goddard
Clerical Staff	31

Miscellaneous Staff :

Storekeeper, Cleaners, Clinic Assistants, etc.,..	..	44
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STAFF CHANGES

The Staff record shows the following changes during 1960 :—

Left the Service :

2 Doctors, 1 Mental Health Officer, 1 Typist, 4 Clerks, 8 Queen's Nurses.

Joined the Department :

3 Doctors, 3 Mental Health Officers, 5 Clerks, 3 Queen's Nurses.

GENERAL STATISTICS

Area in acres	..	..	..	..	..	19,171
Population (Census 1951)	..	..	..	..	..	258,211
Population (estimate for mid-year 1960)	..	..	..	..	..	291,000
Density of population (1951) (per acre)	..	..	..	..	..	13.47
Density of population (estimate mid-1960)	..	..	..	..	..	15.17
Number of inhabited dwellings, December 1960	..	..	..	..	..	90,000
Average No. of persons to each occupied house (mid-year)	..	..	..	..	..	3.22
Rateable value of City (December 1960) ..	..	..	..	..	£	4,790,884
Sum represented by a penny rate (estimated 1960-61)	..	..	..	..	..	£20,222

	<i>Males</i>	<i>Females</i>	<i>Total</i>
(legitimate)	2,914	2,711	5,625
(illegitimate)	203	170	373

3,117 2,881 5,998 = birth rate of 20.61 per
1,000 population.

Stillbirths 60 57 117 = 1,000 population.
rate of 19.5 per 1,000 live births

Deaths 1,527 1,141 2,668 = death rate of 9.16 per 1,000 population.

Total maternal deaths (none from
abortion)

Maternal mortality rate = 0.16 per 1,000 births.

Death rate of infants under one year of age :—

(a) All infants per 1,000 live births	.. ..	27.29
(b) Legitimate infants per 1,000 legitimate births		26.13
(c) Illegitimate infants per 1,000 illegitimate births		42.8

(c) *Neonatal mortality rate (first four weeks)* = 19.8 per 1,000 related live births.

Early Neo-natal Mortality Rate (first week) = 15.83 per 1,000 related live births.

Perinatal mortality (stillbirths and deaths during first week) = 34.65 per 1,000 total live and stillbirths.

Marriage rate 14·86
 *Death rate from principal infectious diseases —

Death rate from principal infectious diseases 0.99
Respiratory death rate 0.99

Phthisis 0.09
Diseases of the lungs of tuberculosis 0.007

Death rate from other forms of tuberculosis	0.007
Death from cancer	1.81

Death from cancer 1 of

Comparability factor (births) 0.93

Birth rate as adjusted by factor 19.17
1.29

Comparability factor (deaths) 1.39
 Deaths, as adjusted by factor 12.73

Death rate as adjusted by factor 12.75

* Typhoid, Scarlet Fever, Whooping Cough, Diphtheria, Measles, Diarrhoea under 2 years, Cerebro-Spinal Fever, Poliomyelitis.

MY LORD MAYOR, LADIES AND GENTLEMEN,

This is my 14th Annual Report and I take pleasure in submitting details and commentary relating to the health of Coventry citizens, as also particulars of the work undertaken by members of the Health Department during 1960.

Ministry of Health Circular 1/61 requests particular comment upon the Home Help Services ; Mental Health Services ; Health Education ; Chiropody Services, and certain liaison arrangements as between local health authorities, hospitals and general practitioner services concerning hospital admissions and discharges. I shall deal with these matters further herein or in the body of my Report after I have had opportunity first to comment upon the annual statistics and related matters.

Statistics

In 1959 a new record was achieved when 5,433 births occurred in this city, giving, then, a birth rate of 19.02 per thousand population. This was shortlived, however, for in 1960 there were 5,998 births (i.e. an increase of 564 over the preceding year) which gave a birth rate of 20.61 per thousand population.

It has become well nigh customary to report a yearly population increase for Coventry. In 1959 this was 4,700 and in the present year the trend continues with a 5,300 increase (Registrar General's mid-year figure). The density of population per acre is higher from 14.9 in 1959 to 15.17 in 1960, and the average number of inhabitants per occupied house was 3.22 (1959 : 3.21). The number of inhabited dwellings was up from 88,800 in 1959 to 90,000 in 1960.

The city's crude death rate was at 9.16 per 1,000 population — higher than in 1959 at 8.83. There was one maternal death (as in 1959) giving a maternal mortality rate of 0.16 per 1,000 (1959 : 0.18). The infantile mortality rate was 27.29 per 1,000 — higher than in 1959 when it was 26.3. The neo-natal mortality rate was also higher at 19.8 per 1,000 derived from 119 deaths (1959 : 18.03 from 98 deaths).

Infectious Diseases

I commented in last year's report upon the essential need for parents to continue regarding diphtheria as a serious disease, and this was highlighted, then, by the occurrence of six cases — all unimmunised persons. It is pleasing to record that no cases occurred in this city during 1960. Parents, please, *must* ensure that their children receive early protection against this disease and this can only be achieved by immunisation.

Concerning poliomyelitis, however, there were four cases notified during 1960 — all in unimmunised persons. As with diphtheria so with poliomyelitis — children should, as of right, receive the benefits of prompt immunisation if they are to be ensured

protection against the serious crippling propensities of this distressing disease.

I wish also to thank and to offer my congratulations to the large mass of the public in Coventry who have appreciated the need for achieving a high level of immunity in connection with poliomyelitis and have given their support towards this end : this helpful attitude has provided added encouragement to my staff in the Health Department.

It cannot be underlined too strongly that adequate immunisation will not come simply through one injection but only by receiving the number of injections recommended — at present three.

The incidence of puerperal pyrexia was fortunately less this year (51) as compared with 1959 (73) but, as I indicated in my last report, the availability of adequate maternity hospital beds for the city will be invaluable in helping to ameliorate this problem, and will bring greater stability from the preventive point of view.

Towards the end of the year the city had an epidemic visitation of influenza : prevalent in many parts of the country. Fortunately the condition was relatively mild and the acute symptoms lasted a few days only. In succeeding weeks, however, it became clear that many older people had been more seriously affected by longer term complications and this was further substantiated by the increased mortality figures in the advanced age groups. I wish to thank those general practitioners who so kindly co-operated with the department by sending specimens from early cases for typing by the Public Health Laboratory Service, to which latter the Health Department's thanks are also due for their consistent help and co-operation, in many ways, throughout the year.

Concerning dysentery, I am glad to report a much lower incidence of confirmed cases in 1960 (250) as compared with 1959 (1,683 unconfirmed). Particular measures were introduced for the Longford ward area (see page 22) to help control the higher incidence of cases which have tended to persist there during latter years. It is hoped that these additional measures were in part instrumental in reducing the incidence of infection in that locality. It is pleasing to report, in any case, that whereas in 1959 for Longford there were 808 cases notified, in 1960 the number was 173.

Generally speaking the incidence of infectious diseases in the city during 1960 (2,324) was about $3\frac{1}{3}$ times less than in 1959 (7,754) but this was almost entirely due to the heavy biannual cyclical variation of measles from 4,588 in 1959 to 591 in 1960, and the considerable drop in dysentery notifications as indicated above.

It is noted that the incidence of venereal disease during 1960 in new cases resident in Coventry was 232 (1959 = 238) whereas in 1958 the number was 177. This is an adverse and somewhat significant trend which denotes a need for public awareness. Moreover,

there is need to remind those who have contracted a venereal infection that diagnostic and treatment facilities are available under circumstances of complete confidentiality at the Coventry & Warwickshire Hospital, Stoney Stanton Road.

It should also be noted that the number of persons treated at our clinic for scabies in 1960 was 109 (1959 : 27). While scabies as such must not be classified as a venereal infection it is nevertheless of interest to note from the statistical evidence of bygone years that the two types of infection (more particularly where gonorrhoea is concerned) tend to follow rather similar directional trends.

It is to be noted that during 1960, the Public Health (Infectious Diseases) Regulations were amended to include Anthrax as a notifiable condition when occurring in the human.

Reverting to Circular 1/61 and dealing first with the subject of Health Education — there continues to be a specific need for the development of health education services in Coventry, and I make no apologies for returning to this theme which unfortunately appears to be relegated, in general appreciation, to the status of a "hardy annual"; nevertheless it is essential to underline this requirement once more.

Most professional sections of the health department staff are engaged in one form or another in educating the public as to the benefits which would accrue (whether as individuals or as a community) by co-operating in accepting certain proven health measures, e.g. immunisation against diphtheria and poliomyelitis, or by taking necessary advice in other facets of preventive work, e.g. mental health, maternity and child welfare, infectious diseases, cleanly food production and in a whole range of other personal or environmental problems which a health department is usually able to help resolve, and indeed most often does. Nevertheless the amount of time which the staff of a health department can give specifically to health education is limited by the day to day routine and emergency work which, inevitably, must have their attention : particularly is this so where the work of a department, as in our own case has been the subject of concentrated time and motion studies and where a minimum of "slack" is available to cope with this important subject in intensive form.

As the personal health services develop, the need for the public to be kept more intimately informed becomes the more pressing. There is a tendency too when certain services have seemingly achieved their ends (e.g. immunisation against diphtheria, poliomyelitis and smallpox) for very many citizens to assume that danger no longer exists ; this is fallacious.

Equally, a feeling may have taken root, even among people with interest in and knowledge of health matters, that because there have been terrific gains in the field of modern preventive medicine and because people in this country are living under much better

standards of health than heretofore, the need for health education measures, conversely, becomes less essential. This concept too is quite erroneous and indeed the reverse is true, namely, that because such gains have been made it is persistently necessary to keep the public well informed in order to avoid complacency and unwanted retrogression of health standards.

It becomes yearly the more imperative, therefore, for the Medical Officer of Health of any major health department to have upon his staff a trained health education assistant to give persistent attention to programme arrangements throughout the year, and thereby concentrate in turn and persistently upon the various facets of work which form a Health Department's responsibilities. Such an appointment is bound, in the longer run, to "pay dividends," whether in community health or in economic perspective.

The provisions of the new Mental Health Act, 1959 became fully operative on 1st November, 1960, and provide added stimulus in this vast and most important field of work. Greater co-operation, indeed co-ordination or even integration, must be the watchwords as between hospitals, general practitioners and local authority if the service is to progress and develop to full effect for the benefit of all those who have need of it. The opportunities available to local health authorities for improving and extending their mental health services are now considerably enhanced, whether in the direction of community care or in that of capital projects, or both.

The Act clearly indicates a shift of accent from hospital towards community care and thereby a much greater responsibility is placed upon local health authorities to achieve this end. The report presented to and accepted by the Health Committee on 14th September, 1959, under the heading "Mental Health Services" and subsequently the City Council's mental health proposals under Section 28 of the National Health Service Act submitted to the Minister of Health by this local authority in April 1960, give purview of present provisions and wide facility for an extension of the local services in many directions. Even at this relatively early date the tempo has accelerated and the local authority can look back upon the year 1960, as one of not inconsiderable achievement.

In March, 1960, an initial meeting was arranged as between representatives from the Coventry City Council, the South Warwickshire Hospital Group Management Committee, the Coventry Group 20 Hospital Management Committee and the Coventry Executive Council, to consider the vital matter of co-operation in order to implement the provisions of the Mental Health Act, 1959, to best effect. This and subsequent meetings proved of the utmost value and have been instrumental in achieving closest accord and understanding between the "partners" concerned. By the end of the year it was evident that maximum co-operation and indeed modified integration in certain respects, had been achieved.

This too was Mental Health Year and in order to bring more intensively to public notice the city's mental health facilities, as also

the intentions of the new Mental Health Act, the local health authority organised a " Mental Health Week " in conjunction with staff of the Central Hospital, Warwick, and appropriate local voluntary organisations. This included a public meeting presided over by His Worship the Lord Mayor (Alderman H. Stanley, J.P.) and having as guest speaker Dr. L. T. Hilliard of the Fountain Hospital, Tooting ; an exhibition held in St. Mary's Hall, and a variety of other meetings and arrangements at various places in the city.

A " pilot " experiment, as envisaged in the September, 1959, Special Report to Health Committee, was inaugurated at the Tile Hill Health Centre where, for one session per week, the services of our psychiatric social worker were made available to doctors practising in this building : this for the benefit of selected patients. The experiment quickly proved advantageous, and, it is felt, an augury for other such clinics when further psychiatric social workers become available to the department.

St. Peter's Church Hall, Yardley Street, used as a temporary centre for the past three years, closed down in the early part of the year when its trainees were dispersed to places now made available at the Burns Road Junior and Torrington Avenue Senior permanent Centres respectively. Thanks are due to the staff at the St. Peter's Centre for their devoted service during this transitory period.

An event of major significance occurred on 1st February, with the official opening of our new Coventry (Public Health) Senior Centre, Torrington Avenue, by the then Lord Mayor (Alderman W. H. Edwards, J.P.).

The opening of this building, designed for some 120 adult trainees, had been anticipated for some long time as a major and vital provision in this local authority's developing mental health services. It is assured that the places now provided will be of immediate and inestimable value in helping to resolve, even though partially, a major problem for subnormal persons in this city.

Plans are now in mind for the erection of sheltered workshops and hostels to adjoin this new Centre, and I shall hope to report further upon this matter in my 1961 Annual Report.

The work at our Burns Road Centre has continued at peak throughout the year at a level of about 80 registered children. The considerable pressures brought to bear in seeking admission for particular children can be quite severe although very understandable. Those who administer the service are placed at times in a most unenviable position as between the Scilla of overcrowding and the Charybdis of an urgent waiting list. Under such circumstances the environmental standards ideally aimed at in the careful planning of the Centre might tend to be lost sight of by a facile policy of persistent overcrowding. This type of situation is of particular moment in a city developing so quickly as Coventry and with a population which has increased by leaps and bounds at an average annual rate of well over 4,000 persons during recently past years.

In such a situation it is clearly wise to consider what is best in the interests of all. Because, therefore, extensions to the Centre which are envisaged for the near future will shortly help resolve the present difficulty of overcrowding, a policy of early admission has continued during 1960.

In spite of a greater number of urgent Coventry cases being admitted to hospital during 1960, our waiting list nevertheless had increased : a situation symptomatic of that throughout the Region.

By the end of the year a reorientation of clerical and filing procedures had taken place in the Mental Health Section of the Department, the better to deal with fast developing requirements resulting from the impact of the new Mental Health Act.

Ministry of Health Circular 3/59 drew attention to Circular H.M. (59) 23, upon the subject of Child Guidance and the need for the closest co-operation as between the hospital and specialist service and the local education service : most particular in relation to school health and school psychology. For many years now in Coventry we have had the greatest difficulty in maintaining satisfactory child guidance facilities because of several adverse factors — not least through gross shortage of qualified staff, whether child psychiatrists, psychiatric social workers or educational psychologists. The utter inadequacy too of present accommodation for child guidance purposes has added its crippling contribution. It is hoped that these difficulties will have early amelioration and that forthcoming local arrangements for a two year course, for intending social workers, will help in part to relieve staff shortages and this adverse situation. The early appointment too by the Birmingham Regional Hospital Board of a consultant Child Psychiatrist for Coventry, is of most vital moment, if the Mental Health Services in this area are to progress to best advantage.

As from May, 1960, one of our psychiatric social workers was assigned to an ante-natal clinic and her services also offered to the hospital counterpart in this city. With regard to the former clinic the response proved minimal, and, in the case of the hospital, quite negligible.

The time is now very opportune to record appreciation to members of the Coventry Health Committee, both on my own account and for not a few other members in my department, for their careful consideration and acceptance of the various reports and schemes submitted from time to time and for their foresight in appreciating the great importance and quickly developing impact of the Mental Health Act, 1959. It is apposite also to record my appreciation of the valued co-operation and assistance I received both from Dr. Gillman, Consultant Psychiatrist, and Mr. F. Ellis, my Principal Administrative Assistant, during intensive discussions in 1959 prior to the September report to Health Committee. Thereafter to my deputy and members of the Mental Health Section and Training Centres for their enthusiasm in furthering the work and development of the service throughout the year.

Thanks too are due to appropriate members of the Town Clerk's, City Architect's and City Treasurer's Departments respectively for valued help provided in a variety of ways. To Dr. Parry Jones I also extend my thanks for his assistance in the preparation of details which follow at page 60. Finally in this connection I would record appreciation to the Coventry Society for the Mentally Handicapped and to the Coventry W.V.S. for their interest and generous support in several helpful directions.

At page 70 herein I have included, for general information and reference purposes, the City Council's "Mental Health Services Scheme" submitted to the Minister during the year and duly approved by him.

I am obliged to the Director of Welfare Services for his note (page 59) upon the Chiropody Service provided for elderly people in this city under Section 72 of the Coventry Corporation Act, 1958. This has obviously been of great advantage to this section of the community and clearly has desirable therapeutic value in helping to provide a greater degree of activity and maintain wherever possible an ambulant state: a vital asset for the elderly.

It is of relative interest to record also that a school chiropody service has been available to children at our central clinic for many years under the provisions of the Education Act. This latter service has developed progressively and sessions have increased to meet requirements so that during 1960 some 2,188 treatments were given to school children and 480 new cases were seen.

In August, 1960, in conjunction with the Director of Welfare Services, I reported to the Health Committee the content and implications of Ministry of Health Circular 11/59, which, in addition to provision for the elderly, also gave opportunity to local health authorities to afford similar priority (and make appropriate charge where necessary) to those physically handicapped persons and expectant mothers who had need of this facility; clearly such a need *must* exist. The Minister expressed the hope that existing buildings such as clinics, would be made use of for this purpose. The subject was thereafter referred to the City Council's Policy Advisory Committee who have adjourned the matter twelve months for further consideration then.

I would also wish to thank the Director of Welfare Services for details concerning the Home Help Service appearing on pages 56—59, as also those relating to the Meals on Wheels Service (page 53).

In the commentary which follows (page 29), and which I would thank Dr. Done for her assistance in preparing, a considerable rise in clinic attendances at our infant welfare centres would now seem to be the trend: resulting perhaps, in considerable part, from the increasing birth rate during the past few years. This situation happily tends to confound the Jeremiahs who only a very few years ago were bewailing the apparently continuing and seemingly irreversible and imbalanced national population trend towards old age and senility.

The newer situation, nevertheless, has created a mounting demand for additional infant welfare facilities and this, if met, would naturally mean a greater taxing of our present staffing resources.

Details of accidents occurring in the home are given at page 55 and it is with regret that I have on this occasion, to report the deaths of four infants during the year from a variety of distressing causes.

I would refer to Ministry of Health circular letter L.H.A.L.2/59, which relates to arrangements for the nursing of sick children at home and the after care of children discharged from hospital. For some time our deputy Superintendent Health Visitor has acted as liaison officer with the children's wards at the local hospitals and has most helpful contacts with the responsible ward sisters. By this link it is possible to refer necessary information to appropriate health visitors who in turn consult with the parents and proffer advice as necessary about the after care of the children concerned. They are also able to provide helpful information relating to other available domiciliary services which might be of assistance.

With regard to our District Nursing Staff, they clearly do have a number of children, some with acute or subacute conditions, to care for at home : acting of course under the direction of the general practitioners. The nurses do in fact give domiciliary nursing attention to any child who is medically referred, and indeed with the quite severe shortage of hospital beds in Coventry it is inevitable that a heavier load is carried by the domiciliary services.

It should be recalled (vide page 32) that certain of our day nurseries continue within wartime hutments which have long since outlived their supposed or anticipated lifespan : and indeed, their structural condition declines most grievously with the years.

Concerning Day Nurseries, it is pertinent to mention that queries are raised in responsible places from time to time as to the reasons for admissions into these establishments. Information in this connection has been summarised and appears at page 33.

Our domiciliary midwifery service continues to cope with the major proportion of births in this city and this clearly makes much heavier demands upon local authority resources than is the case with those greater number of localities throughout the country where provision of hospital beds is at a more substantial level.

To both the Supervisors of the Midwifery Service and Day Nursery Service and to their respective staffs our thanks are due, for coping with the demands made upon them.

The opening of the new Child Welfare Centre at Coundon by the Lord Mayor (Alderman W. H. Edwards, J.P.) on 18th May, 1960, was of particular moment, since this provided most modern and long needed clinic facilities for a large and highly populated area of the city. Moreover, it was possible thereby to discontinue the clinic which has been held for some years in rented premises in Holyhead

Road. These latter have been far from satisfactory, although we were fortunate to acquire premises of any description at that time, twelve years ago, when the need was so acute.

It is pleasing to record an overall and considerable increase in municipal clinic attendances from 71,967 in 1959 to 81,426 in 1960.

The staffing position of Health Visitors improved to some extent throughout the year and this is a welcome change from recent years, when the service has been obliged to cope with its responsibilities under trying circumstances. The Superintendent and her health visiting staff are to be complimented on their endeavours throughout the year. It was possible to decentralise our health visitors to greater extent during 1960, because of better suitability of available clinic buildings. This arrangement is in accordance with previously envisaged plans.

Dr. Gordon Evans, in his commentary which follows at page 25, indicates that some 12,000 more Coventry citizens were x-rayed than in 1959, but the percentage of cases notified therefrom was less. It is noted with some degree of misgiving that the death rate from pulmonary tuberculosis was at 0.17, due to 35 male and 15 female deaths, and this is the highest level since 1951, when the rate was 0.29 and represented, then, the deaths of 56 male and 19 female persons. This surely denotes that in relation to tuberculosis we cannot in any circumstances afford to be complacent — in spite of the great advances which have been made over latter decades from both the preventive and curative aspects. I am grateful to Dr. Gordon Evans and his staff for their continued helpfulness throughout the year.

With regard to vaccination against poliomyelitis, it will be noted (page 40) that this has continued apace and that the 26 to 40 year age group came within our purview of operations during the year. In this latter respect we were quickly "off the mark" in Coventry, and by holding early open clinics at the Central Hall, commencing in February, we were able to attract some 13,657 persons for first injections : much the greater proportion of these returned for second injections the following month. Had we been able to synchronise our efforts with Ministry of Health press announcements, it is possible that Coventry citizens would have responded to greater extent. Nevertheless, we were soon to find that in relation to this age group, the response in Coventry was far ahead of other localities throughout the country.

I take this opportunity of thanking the various members of our staff, whether doctors, district nurses, health visitors or clerical staff, who entered into the programmes with great enthusiasm and gave willingly of their time during extended sessions in the evenings. Needless to say, we had the happy support and co-operation of several general practitioners during the periods of the open session arrangements.

Trials of Sabin type attenuated live poliomyelitis vaccine are reported as having met with considerable success in certain other

countries, and it will be noted (page 41) that this Health Department together with several other local authority counterparts throughout the country, co-operated during the year with the Medical Research Council in a limited but similar trial of the Sabin type vaccine.

The District Nursing Service continued with their excellent work throughout the year, and it is significant, although in accordance with prior trends and expectations, that the number of elderly people needing the attention of our nurses increased by 87, from 2,746 in 1959 to 2,833 in 1960. The total number of patients requiring attention was 6,436, and although this figure is some 207 below that for 1959, the number of visits was up by 3,625 : a not inconsiderable achievement.

Mobility of the nurses is gradually improving and this is a trend in the right direction and to the advantage of citizens generally. There are also obvious reasons why we should take appropriate measures to ensure that nurses do not have to cycle unnecessarily during bad weather.

The new training syllabus for district nurse trainees came into effect in this city during 1960. This involved a shorter period of three months for nurses having specified qualifications or experience, and four months for those without these assets (the previous periods were six and four months respectively). For total needs throughout England and Wales there is a great shortage of suitably qualified and experienced district nurses and the object of the new arrangement is to stimulate recruitment to the service, provide an adequate training syllabus and ensure a nationally acceptable qualification.

My thanks are due to the Superintendent and her nurses for their devoted work throughout the year.

The number of patients transported by ambulance during 1960 was 109,103, i.e. some 7,699 more than in 1959. The service has been operating under increasing difficulties for some considerable time, and a major contribution to these has been caused by the terrific increase in traffic, particularly at peak hours. This has caused frustrating delays of an acute nature at times, because our ambulances are unable to make their journeys to the periphery of the city or back without being seriously impeded. It is to be hoped that the Inner-Ring-Road project will be completed at an early date and that this will considerably ameliorate the present difficulties. Here again, the Superintendent and his ambulance personnel should be complimented upon their achievements, which have been accomplished under most trying conditions.

The death in October, 1960 of Mr. Ronald Williams, Chief Public Health Inspector, is recorded with regret. He came as Chief Sanitary Inspector to this local authority in June, 1951 from his position in Bristol as Deputy Chief Sanitary Inspector. In the same month he was selected as a member of the Working Party set up by the Minister of Health to enquire into the work undertaken by sanitary inspectors, together with the then existing arrangements for their recruitment, training and qualification. His contribution in

this field of enquiry was recognised, and it is now history that because of the Working Party Report, the outmoded designation of "Sanitary Inspector" was altered to "Public Health Inspector," thereby giving recognition to the wider field of health work gradually undertaken by these officers over the years. Prior to his appointment in Coventry, this local authority had constituted the first smokeless zone to become operative in the country — this in the heart of the city. Mr. Williams became much interested in the development of smoke control areas, and at the time of his death, the local authority were within a few months of constituting two such peripheral areas. Other matters which attracted much of Mr. Williams' attention related to slum clearance — of great importance in the light of the massive development programmes and the ever-increasing population — and the clearance of several objectionable caravan sites within the city : not least that situated in the central Little Park Street area, which was cleared in 1933.

It is with regret also that I record the death of Mr. L. Vivian, who came to this authority on 1st April, 1945, as a Meat Inspector and thereafter was appointed Senior Meat Inspector in 1952. In this latter post he was responsible for the examination of meat issuing from the public abattoir. He was a quiet and courteous man, and it speaks highly of his conscientiousness and efficiency that throughout 1958, and at a time when press publicity was being given to deficiencies in meat inspection in various parts of the country, it was yet possible to report that in Coventry, 100% meat inspection had been achieved.

The Report of the Chief Public Health Inspector concerning Atmospheric Pollution shows that much has been accomplished by the Inspectorate in furthering the eventual establishment of smoke control areas in the Tile Hill and Allesley areas of the city, even though the programme, as originally agreed by the Health Committee, cannot, through force of circumstances, be implemented within the previously specified period.

The Noise Abatement Act, 1960, came into effect in late October and gave added powers to local authorities to control excessive trade noises to a greater degree. Such measures of control, however, appear limited to the extent to which local authorities can prove that the best practicable means to prevent the offending noise have not been taken by those responsible.

The Public Health Inspectorate has clearly been very active in the field of Slum Clearance, this concerning clearance orders involving 111 houses. Some 217 unfit properties were demolished and, as a corollary, 153 families were re-housed by the Housing Department.

It is a pleasure to comment upon the improved conditions which have been apparent in Coventry's waterways : this in spite of surcharging sewers during frequent heavy rainfalls at various times during 1960. The benefit to the community from a public health point of view, of the continuing diminution in the pollution of the city's waterways is readily apparent.

Nevertheless, in reporting upon the sewerage circumstances of this city (vide para. 13, Ministry of Health Circular 1/61), it is not possible to be satisfied with the situation in Coventry. The City Council are only too well aware of existing deficiencies however: indeed, gross inadequacies have been apparent for a number of years. There are very cogent reasons for this, including the amazing increase in Coventry's population over the years and the fantastic stress placed upon the city's drainage systems in divers ways. Much has been accomplished to help relieve these pressures, not least by the extensive expansion of treatment facilities at the main sewage treatment plant at Finham: a further massive extension is pending. Further details concerning this subject appear at page 78, and I am indebted to the City Engineer for his co-operation in supplying helpful information for inclusion in this Report.

So far as the public piped water supply is concerned, routine sampling has continued throughout the year in accordance with the pattern indicated on page 75, and I am happy to report that chemical and bacteriological analyses have shown, generally, a consistently high quality of water. I am obliged to the Water Engineer & Manager for the information he has provided in this connection.

Details as requested by the Ministry of Health under Section 128 of the Factories Act, 1937, are provided at page 148.

My grateful thanks are due to all members of my staff in whatsoever capacity they are engaged for their much appreciated diligence and helpfulness throughout a busy year, during which there has been a gratifying advancement of services in certain directions. My thanks are also due to those members of the department who have in any way contributed toward the preparation of this report — likewise to other municipal colleagues who have readily provided several items of information.

In conclusion, I would express to the Chairman and Members of the Health Committee, both on behalf of my staff and myself, appreciation of their interest in the work and progress of the department throughout the year.

I am, my Lord Mayor, Ladies and Gentlemen,

Your Obedient Servant,

W. Clayton.

MEDICAL OFFICER OF HEALTH.

Health Department,
Council Offices,
Earl Street (South Side),
COVENTRY.
(Tel.: Coventry 25555)

Population.

The Registrar General's estimated population for mid-1960 was 291,000 which was an increase on the 1959 mid-year figure of 285,700. The generally upward trend of the city's population for the past twenty-four years is shown in the table of vital statistics on page 158.

Birth Rate.

The births registered as Coventry births during the year numbered 5,998, giving a birthrate of 20.61 per 1,000 population. These figures compare with 5,433 births in 1959 and a birth rate of 19.02 for the same year. Further details relating to births occurring within the city are given elsewhere under the heading of "Midwifery."

The comparable figure for England and Wales was 17.08 per 1,000 population.

General Death Rate.

The number of deaths recorded as belonging to the city during the year was 2,668 which gives a crude death rate of 9.16 per 1,000 population. This compares with a death rate for England and Wales of 11.3. The major causes of death during the year under review continue to be heart disease and other vascular conditions; cancer; respiratory conditions and tuberculosis. An analysis of the various causes of death is given in the appropriate table on page 157. It is noted that 59.4 per cent of the total deaths registered occurred in persons over 65 years of age.

Infantile Mortality.

The number of deaths of infants under 1 year of age during 1960 was 163, giving an infant mortality rate of 27.29 per 1,000 live births.

The infantile mortality for England and Wales was 21.8 per 1,000 births.

Neo-Natal Mortality.

The number of deaths of infants under 4 weeks of age during 1960 was 119, giving a neo-natal mortality rate of 19.84 per 1,000 live births. The comparable neo-natal mortality rate for 1959 was 18.03 per 1,000 births.

Marriage Rate

The number of marriages solemnised in the city during the year was 2,164, giving a marriage rate (i.e. number of persons married) of 14.86 per 1,000 population. This compares with 15.5 per 1,000 population for the preceding year.

Maternal Mortality.

The maternal mortality rate for the city was 0.16 per 1,000 total births and this compares with 0.18 for the preceding year. The comparative figure for England and Wales was 0.38.

INFECTIOUS AND OTHER DISEASES

Poliomyelitis.

Four Coventry persons contracted paralytic poliomyelitis during 1960, and it is interesting to record that none of them had received poliomyelitis vaccination. A four-year-old boy was infected with poliovirus type III and developed widespread paralysis whilst on summer holiday in Ireland. This case was notified by the Irish authorities direct to the Ministry of Health. The second case occurred in a 33-year-old woman and was caused by poliovirus type I. She developed symptoms a few days after returning from Spain and it is probable that she contracted the infection abroad. The two remaining cases occurred in November in persons living in the Willenhall area, and here again poliovirus type III was responsible.

During the year facilities for the tissue culture of poliovirus became available at the Coventry unit of the Public Health Laboratory Service and so for the first time it became possible to trace the subsequent passage of the virus through contacts. Previously all children under fifteen years of age and adults working in contact with food were placed under house and garden quarantine for a period of three weeks. The advance in the laboratory isolation of poliovirus enabled the quarantine period to be determined more accurately. Of the seventeen close contacts of the two cases in the Willenhall area six subsequently excreted poliovirus. The contacts remained under quarantine until two weekly specimens of faeces failed to yield poliovirus. One contact, a child aged five, excreted poliovirus for six weeks. The introduction of tissue culture techniques has been a further step forward in the prevention of spread of poliomyelitis.

Cocksackie and Entero Virus Infections.

In addition to undertaking poliovirus tissue culture, the Coventry Unit of the Public Health Laboratory Service also commenced the tissue culture isolation of Cocksackie and Entero viruses. In the latter part of the year the Health Department co-operated with general practitioners and the Coventry Unit of the Public Health Laboratory Service in carrying out an investigation to determine the frequency of infection with these viruses. Cocksackie virus B5 was isolated on six occasions, Cocksackie virus B2 on one occasion and Echo virus type 9 on three occasions.

Influenza.

In the last week of the year the Coventry office of the Ministry of Pensions and National Insurance experienced a dramatic increase in the number of claims for sickness benefit. A mild influenza type of illness was prevalent in the city and it appeared that an influenza A epidemic was starting. Virus studies confirmed that Influenza A was the virus responsible.

Diphtheria.

After the six cases of diphtheria which were notified in 1959, it is a pleasure to record that no cases were notified during 1960. However outbreaks of the disease occurred in London and Derby, and parents must again be reminded that diphtheria immunisation is essential for all children.

Food Poisoning.

Twenty-six incidents of food poisoning were reported during 1960 affecting a total of 39 persons. Twenty-three of the incidents affecting a total of 30 persons were caused by *Salmonellae*. *Salmonella typhimurium* produced 16 incidents and the serotypes responsible were *Salmonella typhimurium* Phage type 1a, 1a var. 3, 2c, 12a, 24 and 29. In addition *Salmonella typhimurium* of strains which could not be identified by Phage typing were responsible for two incidents. In an endeavour to determine the source and mode of spread of *Salmonellae* a special investigation of the meat passing through the Coventry Public Abattoir was commenced late in January. Swabs are being placed weekly in the gullies in the drainage system of the Coventry Public Abattoir and the results will be reported after a twelve month period.

Three incidents of staphylococcal food poisoning occurred during the year. In one of these four persons were affected after sharing a pork pie. Fortunately a portion of the pie was obtained and subsequently a staphylococcus was grown from it. Visits were also made to the butcher's shop where the pie had been manufactured and sold, and swabs were taken from the proprietor and members of his staff. Several strains of staphylococci were isolated from the proprietor and his employees but there was no relationship between the strain isolated from the pork pie and those isolated from the food handlers.

Paratyphoid Fever.

One case of paratyphoid fever occurred in a 34-year-old housewife. The organism proved to be *Salmonella paratyphi B* of an untypeable strain. The woman developed the disease in hospital after having undergone a gall bladder operation. The source of this infection was not discovered, although it was considered probable that she had become infected only a few weeks previously.

Dysentery.

In the 1959 Annual Report, comment was made on the problem of dysentery caused by *Shigella sonnei*. During 1959 there were 2,583 notifications, of which 1,683 cases were proved on pathological investigation to have been caused by *Shigella sonnei*. During that year arrangements were made with the general practitioners in the Longford ward of the city, where the disease had been prevalent for several years, to notify dysentery by telephone. After notification the cases are promptly visited by members of the health visiting section and special advice on toilet hygiene is given. Faecal specimens are submitted to the Coventry Unit of the Public Health Laboratory

Service on the same day and the general practitioners subsequently treat members of the family, where *Shigella sonnei* is isolated with a slowly absorbed sulphonamide preparation.

Mention was made in the 1959 report of the volume of work resulting from these preventive measures. However during 1960, 1,501 notifications were received of which 250 proved on pathological investigation to be caused by *Shigella sonnei*. In the Longford ward the number of proven cases of Sonnei dysentery fell from 808 in 1959 to 175 in 1960. It is *hoped* that this gratifying reduction will continue in later years.

The following notifications in respect of other infectious diseases were received in the department during 1960. The comparative figures are also shown for 1958, 1959 and for the last complete pre-war year, 1938. In 1938 measles and whooping cough were not notifiable.

		1960	1959	1958	1938
Meningococcal infection	..	12	6	5	36
Ophthalmia neonatorum	..	9	5	5	5
Erysipelas	..	24	27	27	—
Acute primary pneumonia	..	83	148	93	290
Acute influenzal pneumonia	..	35	185	39	56
Acute encephalitis	..	2	3	3	—
Pulmonary tuberculosis	..	178	243	303	219
Non-pulmonary tuberculosis		44	37	26	65
Scarlet fever	..	242	203	160	406
Measles	..	591	4,588	705	—
Puerperal pyrexia	..	51	73	57	54

Scabies

There were 109 patients treated for scabies at the Cleansing Centre, Gulson Road Clinic, during the year and this is some 82 persons more than in 1959.

The Centre is open daily for women and children from 9.30 a.m. to 4.30 p.m. and for men four evenings per week.

The work of the unit was as follows :—

		No. of patients	No. of treatments
Scabies			
Male Adults	.. ..	12	18
Female Adults	.. ..	20	40
School Children	.. ..	63	126
Children under 5 years	.. ..	14	28
Total	.. ..	109	212

Cleansing.

Male ..	.. ..	.. ..	.. ..	.. ..	28
Female ..	.. ..	.. ..	.. ..	.. ..	—

VENEREAL DISEASES

The treatment centre is situated at the Coventry & Warwickshire Hospital, Stoney Stanton Road, under the control of the local (Group 20) Hospital Management Committee.

Reference to statistics for the past three years shows the following totals of patients dealt with for the first time at the centre.

(N.B. Figures in brackets indicate Coventry residents).

1958 = 707 (650) ; 1959 = 778 (709) ; 1960 = 850 (742).

Of the total figure for 1960, some 594 (510) proved on investigation to be non-venereal in type : as usually designated in this country. It is of interest to note, however, that eight out of the 594 cases mentioned above were due to Yaws, a disease which essentially originates from the agricultural areas of tropical countries usually having humid climates. It seems likely, therefore, that cases brought to notice at the Coventry & Warwickshire hospital are immigrants.

It is noted that the total number of patients remaining under treatment or observation at the Clinic as at 31st December, 1960, was 397, and this compares with 481 in 1959 and 485 in 1958. The number of new patients treated for gonorrhoea in 1960 was at 235 compared with 241 in 1959 ; 151 in 1958 and 128 in 1957. New patients treated for syphilis at the clinic numbered 21 in 1960 ; 13 in 1959 ; 45 in 1958 and 48 in 1957.

TUBERCULOSIS

A further commentary on Tuberculosis appears at page 52.
(Prevention of Illness, Care and After-Care).

Live Register of Tuberculosis Patients

	Pulmonary Cases.			Non-Pulmonary Cases.			Total Cases (All Forms).		
	M.	F.	Total	M.	F.	Total	M.	F.	Total
1. No. on Register at 1/1/1960	1,689	1,188	2,877	168	174	342	1,857	1,362	3,219
2. Cases notified (or otherwise coming to knowledge) in 1960	172	98	270	19	28	47	191	126	317
3. Cases restored to Register ..	2	1	3	—	—	—	2	1	3
4. Cases removed from Register 1960	178	120	298	18	27	45	196	147	343
5. No. on Register at 31/12/1960	1,683	1,166	2,849	169	175	344	1,852	1,341	3,193

MASS RADIOGRAPHY

My grateful thanks are due to Dr. Gordon Evans, Director of the Mass Radiography Unit, and his staff, for their continued helpfulness and co-operation throughout the year.

Dr. Gordon Evans' Report on the Work of Mass Radiography in Coventry for the year ended 31st December, 1960, follows :—

27,180 Coventry residents were X-rayed during the year. This is some 12,000 more than the previous year. 80 newly discovered tuberculous conditions and 52 non-tuberculous conditions were referred to the Chest Clinic or Hospital for further investigation. 28 of the tuberculous cases have since been notified. The percentage of notified cases is somewhat lower than last year being 0·10% as compared with 0·13% in 1959. This is, however, still higher than the national average for all Mass Radiography Units.

10 cases of bronchial carcinoma were discovered : exactly twice as many as in 1959. Even allowing for the increase in the number of people X-rayed there is a significant increase in the incidence.

The following tables give the break down into main group headings of the total number X-rayed. Table I giving details of the tuberculous abnormalities and Table II the non-tuberculous abnormalities.

Table I

New cases of pulmonary tuberculosis discovered and referred to the Chest Clinic

GROUP	Number X-rayed	Total number referred and final assessment					
		Total number referred	Number per 1,000	Number notified	Number per 1,000	Not notified but requiring occasional out-patient supervision	Inactive tuberculous lesion not requiring supervision
Organised groups (Industry, offices etc.)	23,130	66	2·85	21	0·91	32	13
General Public ..	2,160	4	1·85	—	—	3	1
Ante-Natal Patients	530	2	3·77	2	3·77	—	—
Mantoux Positive School Children ..	1,050	8	7·62	5	4·76	2	1
Students	310	—	—	—	—	—	—
	27,180	80	2·94	28	1·03	37	15

Table II
New non-tuberculous abnormalities discovered and referred to
Chest Clinic or Hospital

GROUPS	Total Number X-rayed	Number referred to Chest Clinic or Hospital	Number per 1,000	Total number referred and final assessment								Spontaneous
				Bronchial Carcinoma	Bronchiectasis	Inflammatory conditions	Bronchitis & Emphysema	Spontaneous Pneumothorax	Pneumoconiosis	Non-Malignant Neoplasm	Malignant Neoplasms	
1. Organised groups (Industry, Offices, etc.) ..	23,130	41	1.77	7	5	6	10	1	3	3	2	
2. General Public ..	2,160	11	5.09	3	1	5	1	—	—	—	—	
3. Ante-natal Patients	530	—	—	—	—	—	—	—	—	—	—	
4. School Children	1,050	—	—	—	—	—	—	—	—	—	—	
5. Students ..	310	—	—	—	—	—	—	—	—	—	—	
	27,180	52	1.91	10	6	11	11	1	3	3	2	

Group I (Organised Surveys). There has been a decrease in the incidence of both tuberculous and non-tuberculous abnormalities in this group.

Group II (General Public). No notified cases of pulmonary tuberculosis but 3 of the bronchial carcinoma were found in this small group.

Group III (Ante natal patients). The fact that 2 active cases of pulmonary tuberculosis were discovered again illustrates the importance of this group being X-rayed.

Group IV (Mantoux positive school children). 5 active cases of tuberculosis discovered. The time spent in tuberculin testing and X-raying the positive reactors does seem to be well worth while despite any disturbance which it may cause in the normal school routine.

In addition to the above, the Mass Radiography Service carried out a survey upon 1,817 municipal employees in Coventry during the year. Of this number some 42 were recalled for large X-ray films and more detailed examination. It transpired that two of these latter cases had suspected pathological conditions which required appropriate medical treatment.

I am obliged to Dr. Gordon Evans and his staff for their co-operation with this special survey.

NATIONAL HEALTH SERVICE ACT 1948-1960

The following "diary" is not complete, but it does give some idea of material progress in many Coventry Health Department provisions since 1948.

1948 Preparation of schemes under Sections 22 to 29 and also 51 of the National Health Service Act.
 Re-organisation of Health Department staff to undertake the above work (as also that under the National Assistance Act).
 Direct provision of Home Nursing Service transferred from voluntary organisation.
 City Ambulance Depot transferred from Abbots Lane to premises of Hospital Saturday Fund (Section 27) — temporary, part agency arrangements.

1949 8, Park Road, approved as key Training Home for District Nurses (Section 25).
 "Meals on Wheels" Service provided by Local Health Authority on 25th July, for up to 100 meals daily (Section 28, National Health Service Act).
 Health Visiting Follow-up of Accidents occurring in the Home instituted (Sections 24 and 28).

1950 "Contact Clinic" for child contacts of tuberculous persons instituted at Gulson Road Clinic (Section 28).
 Extensions to Queen Phillipa Day Nursery — 15 additional places (Section 22).
 Opening of Sessional Maternity and Child Welfare Clinic, Whoberley (Section 22).

1951 Ambulance Service : Radio-telecommunications service installed. (Section 27).
 Building commenced on Monks Park Day Nursery. (Section 22).

1952 Maternity and Child Welfare Sessional Clinic, Bell Green Community Centre (Section 22).
 Opening of Burns Road Occupation Centre (for 60 mentally handicapped). (Section 51).

1953 Pilot Scheme commenced in Cheylesmore area for initial amalgamation of Maternity and Child Welfare and School Health Medical and Nursing Services (1st January).
 Monks Park Day Nursery opened January. (Section 22).

1954 Extension of "Amalgamation Scheme."
 Sessional Maternity and Child Welfare Clinic opened, Windmill Road. (Section 22).
 Broad Street Joint Maternity and Child Welfare and School Health Clinic in advanced state of building. (Section 22).
 B.C.G. Vaccination arrangements approved (7th February, 1954) by Ministry of Health (Section 28).

1955 Papenham Green Day Nursery opened, April 13th (Section 22). "Amalgamation Scheme" completed for Medical and Nursing Staff.

Broad Street Joint Maternity and Child Welfare and School Health Clinic opened (Section 22).

Opening of a Sessional Maternity and Child Welfare Clinic at St. Barbara's Church Hall, Earlsdon. (Section 22).

Partial decentralisation of Home Helps Service to Bell Green and Holbrooks areas respectively (Section 29).

1956 Occupational Therapy Service commenced for domiciliary tuberculous patients (Section 28).

Tile Hill Joint Maternity and Child Welfare and School Health Clinic opened (Section 22).

Poliomyelitis Immunisation Scheme started in Coventry. (Section 26).

Introduction of 2 weeks' Training Course for Trainee Home Helps. (Section 29).

Sessional Maternity and Child Welfare Clinic, Willenhall, opened. (Section 22).

1957 Ad hoc transport provision, Home Nursing Service (Section 25).

Extension of further decentralisation plans envisaged for Home Helps to Wyken and Tile Hill (Section 29).

Opening of Yardley Street Occupation Centre. (Section 51).

Anti-Poliomyelitis Immunisation Scheme continued in line with available supplies of vaccine. (Section 26).

Health and Welfare Services Handbook prepared and issued in conjunction with Public Relations Department.

1958 General Practitioner Suites opened to complete Tile Hill Health Centre project (Section 21).

Stoke Aldermoor Maternity and Child Welfare Clinic—building commenced. (Section 22).

Torrington Avenue Adult Training Centre (120 places)—building commenced December.

1959 Stoke Aldermoor Maternity and Child Welfare Clinic completed and officially opened on 25th June, 1959. (Section 22).

New Torrington Avenue Adult Training Centre nearing completion by the turn of the year. (Section 28).

P.S.W. Arrangement at Tile Hill Health Centre, December, 1959.

1960 New Coundon Maternity & Child Welfare Centre opened. (Section 22).

Opening of Coventry (Public Health) Senior Training Centre, Torrington Avenue. (Section 28).

Work commenced on new Maternity and Child Welfare Centre, Bell Green.

Mental Health proposals approved by Minister of Health. (Section 28).

NATIONAL HEALTH SERVICE ACT, 1946
MATERNITY AND CHILD WELFARE SERVICE

Section 22

Conditions during 1960 gave more satisfaction than in the previous year, chiefly owing to the greater stability of staff in the medical, health visiting and midwifery services. Unfortunately there was no improvement in the day nursery service, where there was a shortage of trained staff and continuation of resignations owing to marriage and pregnancy. Untrained staff, as before, tended to stay only short periods and it seems they enter with the idea that looking after children is a simple accomplishment.

The increase of two in the establishment of medical officers was welcome, but as the population continued its above average expansion and the demands of mental health have suddenly made inroads into medical officers' time, the net weekly gain to Maternity and Child Welfare was $4\frac{1}{2}$ sessions. All this could do was to supply medical officers for certain infant welfare sessions which had been opened owing to sheer pressure of numbers but could previously only be staffed by health visitors. There were less changes in medical staff over the year and replacements were easier, so that continuity and stability were much more satisfactory than for some years.

Child Welfare Clinics.

By the opening of Coundon Clinic it was possible to discontinue the use of very unsatisfactory premises rented for over 12 years in Holyhead Road. This leaves only one session held in really sub-standard premises — the church hall, Stratford Street — but it is hoped that this will be renovated shortly. While there are still seven church halls in use these, in general, have been much improved by structural repairs, decoration and additional heating. Most of them are in use for one session weekly so that a clinic building would not be justified and, though not ideal, still serve a useful purpose.

There are five purpose built and six adapted premises used solely for maternity and child welfare and school health work. Of these, four are ex-wartime temporary structures, one a huttet clinic attached to a school and one the ground floor of a block of council flats. Two community centres are rented, one for one session and one for three sessions weekly.

In the 20 premises were held weekly :—

- 27 infant welfare sessions
- 9 toddlers'
- 8 ante-natal
- 7 mothercraft and relaxation
- 3 for contraceptive advice
- 1 paediatric consultative session.

There was a spectacular rise in clinic attendances in 1960, particularly in the 1 — 5 age group. This probably reflects the steady increase in births over the last five years and the fact that more medical officers' time was available for consultations. Additional clinic sessions could justifiably be opened but the staff situation is the limiting factor. It is found that the emergency measure of holding additional sessions with the health visitor in charge is not entirely satisfactory. Inevitably an accumulation of immunisation work occurs on the doctor's day and he or she has little time for consultations. There are continued petitions for an infant welfare session at Allesley, where a large area is not served. Up to now it has proved impossible to find any suitable premises to rent.

In addition to the medical and nursing staff of the clinics the sessionally employed assistants play an important part. They help with registration, selling food and "directing traffic." Tribute must be paid to the interest they take in the mothers and babies and the way they help these busy clinics to run smoothly.

Care of Premature Infants.

Provision as previously reported ; the main policy being to admit mothers in premature labour to hospital, if possible, so that special facilities for care are available from birth. The premature birth rate in Coventry tends to be high — 8.5% of total births. The last year for which comparable England and Wales figures are available is 1959 when the rate was 7.7% and the Coventry rate was then also 8.5%.

The following are statistics of premature live births occurring within the city during 1960 :—

1. The number of live premature babies notified in the city was 453.
2. Of the above, 118 were born at home, 191 in Gulson Hospital, 138 in Keresley Hospital and 6 in nursing homes.
3. Of those born at home (118), 38 were transferred to hospital within 24 hours ; of the 80 remaining in their own homes, one died in the first 24 hours and 78 were alive at the expiration of one month.
4. Of those born in Gulson Hospital (191), 23 died in the first 24 hours and 149 were alive at the expiration of one month.
5. Of those born in Keresley Hospital (138), 13 died in the first 24 hours and 116 were alive at the expiration of one month.
6. Of those born in nursing homes (6), all were alive at the expiration of one month.

Dental Care.

The Senior School Dentist (Mr. J. A. Smith) advises me that the following work (see table page 31) was accomplished during 1960 in connection with the Maternity and Child Welfare Service.

(a) Numbers provided with dental care.

	Examined	Needing treatment	Treated	Made dentally fit as far as possible
Expectant and Nursing Mothers	193	188	135	90
Children under five	524	431	392	300

(b) Forms of dental treatment provided.

	Anaesthetics	Scalings or Scaling and gum treatment	Silver Nitrate treatment	Dressings	Radio-graphs	Complete	Partial	Dentures provided
Extractions	Fillings							
Expectant and Nursing Mothers	326	38	304	27	—	—	19	7
Children under five	604	224	21	1	47	—	—	—

The number of treatments given to nursing and expectant mothers are as indicated in the table (page 31). It is with pleasure that I can report for this year an improvement in the number of cases dealt with. Whereas in 1959 there were 80 mothers examined, in 1960 there were 193; children under five years examined in 1959 were 258 and in 1960 were 524. Some 135 mothers and 392 pre-school children were treated in 1960, compared with 53 and 211 respectively in 1959. This is a satisfactory development and, it is hoped, an augury of better things to come in succeeding years.

Provision of Maternity Outfits.

A stock of maternity outfits is held in the Health Department to supply the needs of expectant mothers who are to be confined at home. A recommendation signed by the midwife or doctor is required before issue.

In 1960 the number of such outfits issued without charge was 3,360. The outfits have been modified from time to time on the suggestions of attendant general practitioners and midwives.

Supply of Welfare Foods.

National welfare foods, dried milks from a selected list and other suitable preparations are stocked at the infant welfare centres, either for sale, or if the need is proved, for free issue.

During the year sales to the value of £13,970 16s. 4d., were made at the various centres ; this compares with £15,243 11s. 3d., in 1959 and £14,509 3s. 3d. in 1958.

The arrangements outlined in 1956 for the supply of national dried milk, orange juice and cod liver oil from a shop fitted out for the purpose in the basement of the new Council Offices functioned satisfactorily throughout the year.

Sales of National Welfare Foods at all Clinics during 1959.

NURSERY PROVISIONS

Day Nurseries.

The Nursery Service has continued to provide 435 places in nine nurseries ; the number of attendances being 91,698.

Three of the nurseries are in wartime hutt structures, which have lasted much longer than was expected but at any time may be expected to finish their life. One nursery is still held on library premises used in emergency during the war and, from time to time, the library service presses for a full use of its premises. One nursery

is in a converted wartime hostel building, one in a rented house and only three in post-war purpose built buildings. It seems that the future of some nurseries is precarious and that we may be left without premises in which to continue ; and this at the time when the child population under five has increased and thus the ratio of places to number of children has declined.

A representative spot check on reasons for children being in nurseries was made in October, 1960, with the following results :—

Number of nursery places	435
Number of children on register	470
Reasons for admission :—	
No parent, or one parent only	146
Social	134
Medical	88
Nurses' and teachers' children	26
No priority or old priority	76

The excess number of children on the register allows for absences and also those urgent cases which are not refused whatever the numbers. The majority of the first group are children of unmarried mothers or those permanently separated from their husbands. There is the occasional orphan and a few children of widows or widowers. Social priorities are recommended by health visitors or other social workers and include bad home environment due to parental shortcomings, or unsuitable home conditions which react unfavourably on the child, for example caravans, lodging houses and flats. A few cases are included in this category where the wife is working to support an invalid husband and family.

The category of medical priority is determined by hospital, family or local authority clinic doctors. Included are cases where the mental or emotional state of the mother reacts unfavourably on the child ; where chronic illness makes it desirable for the child to be removed by day, or where the mother is temporarily ill or confined. Child behaviour problems are included in this group, as are cases where, owing to minor mental or physical handicaps, contact with other children may be beneficial.

Admission of the children of nurses and teachers is arranged at the request of other Corporation departments or hospitals, who may have acute staffing problems which can be partially solved by appointing married women if those women are satisfied that their children are adequately cared for.

While priority circumstances may change it is not always in the interest of the child to insist on removal. In this way a certain number of old priority cases are allowed to remain. Non-priority cases which can be admitted are few but the demand is great.

Six of the nurseries are recognised for practical training for the N.N.E.B. Certificate. In 1960 eleven students completed the course and were all successful in the examination.

DAY NURSERY	Number of Places	ATTENDANCES		Total Attendances
		Age 0 to 2 years	Age 2 to 5 years	
Papenham Green	50	3,936	6,097	10,033
Foleshill	70	7,831	7,636	15,467
Monks Park	50	4,678	6,691	11,369
Poole Road	40	2,835	5,753	8,588
Queen Phillipa	54	6,000	4,923	10,923
Stoke Green	55	4,357	6,920	11,277
Whoberley	40	2,271	6,433	8,704
Windmill Road	36	1,866	4,448	6,314
Wyken	40	3,255	5,768	9,023
Total ...	435	37,029	54,669	91,698

The total number of attendances during the year was 91,698, which over the 245 days the nurseries were open gave a percentage of 85%.

CARE OF UNMARRIED MOTHERS AND CHILDREN

Mother and Baby Home.

Our present arrangements for the provision of accommodation for unmarried expectant mothers and subsequently for the mothers and the babies, includes an agency arrangement with the Committee of St. Faith's Shelter, Coventry. During 1960 there were 56 mothers and 49 children accommodated in this shelter, for whose care and maintenance the local health authority accepted financial responsibility.

In addition the department has accepted responsibility for the maintenance of 42 unmarried mothers and their expected children in out-of-town homes (Birmingham, London, etc.) when there were special circumstances.

MIDWIFERY SERVICE

(Section 23)

The establishment was increased to 44 midwives, plus two Superintendents, to deal with the continued increase in births—330 more than in 1959. There was no difficulty in filling this establishment. Notification of intention to practise in addition was received from one midwife who runs a private maternity home in which there were 231 confinements, two independent domiciliary midwives, who only attended four cases and 17 hospital midwives. There was a small extension in the maternity bed accommodation at the Coventry and Warwickshire Hospital but still only 45.5% of births took place in hospital. Domiciliary service attended 3,013 cases against 2,828 in 1959, showing an increase of 185 over 1959.

A summary of statistics is given below :—

			1960	1959
No. of births attended :				
Doctor not present	..	..	2,678	2,521
Doctor present	..	..	335	307
			3,013	2,828
No. of visits paid :				
(a) Ante-natal	..	..	26,422	22,454
(b) Nursing	..	..	51,233	50,161
(c) Special visits	..	..	2,044	2,418
(d) Visits to patients returned from hospital	..	..	2,773	3,229
(e) No. of patients returned from hospital for nursing at home before the 14th day	..	..	1,483	2,078
			423	246
			(before 5th day)	
			651	598
			(before 10th day)	

No of requests for medical aid	1,032	786
No. of cases transferred to hospitals ..	399	378
No. of cases in which gas and air analgesia was used	1,623	1,738
No. of cases in which Trilene was used ..	926	614
No. of abortions	19	25
No. of advisory attendances made at :		
(a) Ante-natal clinics	583	624
(b) Relaxation clinics	389	287
No. of analgesia machines in use		
(a) gas and air	44	40
(b) Tecota Mark 6	14	14
No. of municipal midwives trained to use these machines	47	43

HEALTH VISITING

(Section 24)

The health visitor complement increased by five, mainly as a result of the increased student intake of 1959, but there were also fewer resignations. The staff consisted of one Superintendent, two Deputies, 33 health visitors, 17 S.R.N.s., of whom four are employed on T.B. visiting. In addition, seven students were recruited. All except T.B. visitors are employed on combined duties in the maternity and child welfare and school health service and it is estimated that the time spent on maternity and child welfare work would be equivalent to 24 full-time health visitors and five S.R.N.s. In spite of increased staff it was not possible to keep up to the level of the previous year in visits to the 1—5 age group. Under the increased pressure at the infant welfare clinics more health visitor attendances were made at these, with correspondingly less time for visiting.

Certain improvements were made to the temporary structure maternity and child welfare clinics — telephones being installed. Working conditions are now better and these premises are suitable as area headquarters for the health visitors. Decentralisation has now been made to nine centres.

Health Visiting : Tabulation of Work

		1960	1959
Ante-natal cases	.. .. ..	522	613
Notified births	.. .. ..	5,862	5,502
Revisits to notified births	.. ..	12,310	12,646
.., Children aged 1—2 years	7,144	7,401	
.., " " " 2—5 " 13,865		14,414 } 21,815	
Infant death enquiries	.. .. ..	129	129
Stillbirth enquiries	.. .. ..	81	69
Visits to tuberculosis cases	.. ..	3,915	4,988
.., non-pulmonary tuberculosis cases		218	312
.., B.C.G. cases by T.B. visitors		112	131
.., other infectious diseases	..	1,376	2,910
.., special cases	.. .. ..	9,628	7,962
.., homes no reply	.. .. ..	8,484	8,379
.., contacts of infectious diseases		175	499
B.C.G. visits for Medical Research Council		204	954
Sessions at Welfare Centres	.. ..	5,275	4,630

HOME NURSING SERVICE

(Section 25)

The staff engaged in the Home Nursing Service at the 31st December, 1960 was as follows :—

- 1 Superintendent
- 2 Assistant Superintendents
- 48 Full-time Nurses (including 4 Male Nurses)
- 14 Part-time Nurses (including 2 Orderlies)
- 1 Clerk/telephonist
- 1 Housekeeper
- 1 Gardener/handyman
- 2 Part-time Chauffeurs.

The staff situation generally showed an improvement on 1959 in that a wastage of 2 part-time nurses was offset by 2 full-time nursing appointments.

The number of new patients referred during the year was some 250 less than in the preceding year and the total number of patients nursed during the year was correspondingly fewer. However, the number of visits paid during 1960 was 3,000 higher than in the previous year.

The important part played by the district nurse in the lives of the aged sick is shown in a further increase in the number of elderly patients nursed (2,833). Of the total number of patients nursed during the year (6,436) 44% were old age pensioners. At the further end of the "scale" 7.8% of all patients nursed during 1960 were children under 5 years of age.

Injection therapy which in 1959 was given on 96,669 occasions was continued during 1960 when 90,006 injections were given.

In order to increase the mobility of the district nurses the number of allowances in respect of the use of their own cars was increased during the year and at the 31st December, 1960, fourteen nurses were in receipt of such an allowance. Four departmental cars are also allocated to this service and the nurses involved in evening visits have a part-time chauffeur as their driver.

During the year under review the recommendations of the Working Party set up by the Minister of Health in 1953 in respect of the training of the district nurse were implemented so far as they related to the *period* of training. These were shortened from six months and four months to four months and three months respectively, that is, to four months for the registered nurse and to three months for nurses with additional specialist experience such as health visitors and midwives.

Following her visit to Coventry in February 1960 the Queen's Visitor Western Area reported to me as follows :—

" During the recent visit to Coventry there was ample evidence from the work seen, discussions with the staff and the large number of patients visited, that the service is much used and appreciated.

The Superintendent and her assistants are to be congratulated upon the happy atmosphere and team spirit prevailing among the staff. All showed interest in the patients' welfare and were enthusiastic, willing and co-operative.

The training of the student district nurses continues to be of a high standard. The equipment was in good order and records were up to date and readily available."

It is pleasing to receive such a report as this following detailed inspection of the service, and the high opinion formed by the Queen's Visitor is well justified.

Reference is made elsewhere in this report to the work in respect of poliomyelitis vaccination, which was particularly arduous during the year under review, but it is pertinent for me to acknowledge here the very excellent assistance given by the district nurses at a number of open clinics which were held in the city.

Statistics for Year ended 31st December, 1960

	1949	1959	1960
Total number of cases attended	3,943	6,643	6,436
Number of new cases attended	3,444	5,656	5,408
Number of visits made, including			
night visits	148,891	217,802	221,427*
Number of operations attended	66	14	11
(*139,364 related to patients who were 65 or over)			

New cases referred for treatment by :—

Private doctors	2,797	4,830	4,677
Health Department ..	435	263	216
Hospitals	210	563	515
	—	—	—
	3,442	5,656	5,408
	—	—	—

Results of treatment were as follows :—

Convalescent	2,850	2,611	
Sent to hospital	737	727	
Relieved	1,477	1,382	
Died	551	619	
Remaining under care	1,028	1,097	
	—	—	—
	6,643	6,436	
	—	—	—

An analysis of the work carried out during the year is given in the following table :—

No. of patients on the books at 1st January, 1960	1,028
No. of new patients during the year	5,408
No. of patients on the books at 31st Dec., 1960	1,097
*No. of patients nursed during the year	6,436
†No. of visits paid	222,533

(†Included in the number of visits paid are 1,106 supervisory visits made by the administrative staff).

(*Of whom 2,833 were 65 years or over and 506 under 5 years)

Reason for visit.

Medical	4,850	5,021
Surgical	1,106	1,018
Infectious diseases	123	37
Tuberculosis	132	137
Maternal complications	432	223
Others	—	—
	6,643	6,436

Patients receiving Injections in 1960.

Insulin 1,308 ; Penicillin 2,300 ; Streptomycin 643 ; Neptal 1,663 ; Mersalyl 475 ; Anahaemin 274 ; Imferon 352 ; Cytamen 1,657 ; Vitamin B 64 ; Thiomerin 49 ; Prostigmin 13 ; Testosterone 63 ; Parentrovite 76 ; Cortisone 16 ; Eucortone 13 ; A.T.S. 9 ; Progesterone 13 ; Campolon 26 ; Calcium 10 ; Gestyl 4 ; Synkavite 3 ; Benerva 16 ; Viomycin 28 ; Risunal 2 ; Anti-cold vaccine 13 ; Dimycin 3 ; Cardophylin 1 ; Butozoldine 8 ; Bismostab 3 ; Desensitization 4 ; Fentazin 2 ; Atropin 1 ; Paraldehyde 1 ; A.C.T.H. 4 ; Achol 1 ; H.11 1 ; Oestroform 5 ; Gerovital 2 ; Phisium 1 ; Droxnanomide 2 ; Sparine 2 ; Cholera Vaccination 1 ; Disecron 6 ; Dronoran 8 ; Acromycin 1 ; Stilboestrol 1 ; Bencord 7 ; Fenergin 5 ; Aminophylin 2 ; Becosin 2 ; Durabolin 12 ; Heroin 1 ; Sodium Gardinal 5 ; Sodium Phenobarbitone 18 ; Adrenalin 15 ; Pethedine 40 ; Largactil 41 ; Largactil & Pethedine 1 ; Omnopon 15 ; Omnopon & Scopolamine 36 ; Morphia 197 ; Morphia & Hyoscine 2.

VACCINATION AND IMMUNISATION

Section 26

Vaccination Campaign against Poliomyelitis.

The last of the three open clinics for the 16—25 age group was held at the Sibree Hall in January. On the five days that the clinic was open a total of 12,231 third injections were given.

On the 1st February the Ministry of Health announced publicly that poliomyelitis vaccination would be immediately available for all persons up to 40 years of age. Although the extension to this age

group was welcome the first intimation of the change came from press reports. As no advance plans had been made for additional vaccination clinics there was inevitably a short delay whilst arrangements for a further series of open clinics were made. One recurring problem of the poliomyelitis campaign is to capture and maintain the interest of the public in poliomyelitis vaccination. If prior warning of the extension had been forthcoming from the Ministry of Health and a series of open clinics had been organised so as to coincide in time with the press announcements, the response on the part of the public would probably have been greater. The first of the open clinics for the up to 40 age group was held at the Central Hall from 11th to 15th February, when 13,657 first injections were given. At the second clinic, one month later, 13,207 persons returned for a second injection. Only 450 persons failed to attend, and this was the highest rate of return in all the open clinic series. At the third injection clinic in November, 12,260 persons received a "boosting" injection.

During 1960 a total of 105,280 poliomyelitis vaccine injections were given, of which 69,925 were performed by the Health Department. Since January, 1959, a total of 226,905 injections have been given, and a considerable proportion of the population have now completed their course of injections. At the end of the year approximately 80% of all children in the city under the age of 15 years, approximately 66% of the 16-25 age group and approximately 35% of the 26-40 age group had received a complete course of three injections.

Poliomyelitis Vaccination, 1960.

Completed Initial Course (both 1st & 2nd injections)	0-15	15-25	25-40	Expectant Mothers	Others	Total
General Practitioners	2,930	890	4,744	108	484	9,156
Local Authority Clinics	2,413	619	14,972	108	38	1,8150
Industry	7	44	234	—	—	285
Boosters (3rd injection)	0-15	15-25	25-40	Expectant Mothers	Others	Total
General Practitioners	7,616	4,859	3,980	3	585	17,043
Local Authority Clinics	5,247	14,118	13,077	86	78	32,606
Industry	7	333	96	—	13	449

Total number of injections : 105,280.

Trial of Live Attenuated Polio Virus Vaccine.

The Health Department co-operated in a Medical Research Council trial of a new Sabin type live attenuated poliomyelitis vaccine. Children under the age of six months who had not received Salk type poliomyelitis vaccine were eligible to participate, and seven volunteers in Coventry came forward. The trial commenced

in April and continued throughout the year, and all seven children received doses of live vaccine. Subsequently blood and faecal specimens from the children were examined. The results of the tests performed on these specimens have shown that the volunteers all produced antibody resistance to poliomyelitis.

Vaccination and Immunisation of Infants.

Recent scientific advances have resulted in an increased number of diseases which can be prevented or ameliorated by immunisation procedures. Safe "vaccines" of undoubted efficacy are now available for the prevention of smallpox, diphtheria, pertussis, tetanus and poliomyelitis, and it is eminently desirable that all children should receive protection. Infants need to be inoculated early in life, for certain diseases such as pertussis are more dangerous at this age. One practical effect of the discovery of new vaccines is the increase in the number of injections necessary in the first year of life. Combinations of certain vaccines have been introduced, but even so the problems of determining priorities in a comprehensive immunisation timetable have been difficult to resolve. After consultation with the Coventry Branch of the British Medical Association a recommendation was made to all doctors in the city that wherever possible the same pattern for immunising children should be followed.

Diphtheria Immunisation.

In the Annual Report for 1959 parents were reminded that it is equally as important for children to be protected against diphtheria as against poliomyelitis, and a warning was given that unless diphtheria immunisation continued at the same high level as in the past there would be a danger of epidemics reappearing. Although the poliomyelitis vaccination campaign still to some extent overshadows that of diphtheria a special effort was made in the year to increase the level of protection in the community against diphtheria. A total of 10,270 children received anti-diphtheria injections during the year: this was the highest number of children immunised against diphtheria since the campaign started in the 1940's, with the exception of 1942.

Completed Diphtheria and Pertussis Immunisations, 1960.

	Infant Welfare Centres	General Practitioners	Schools	Total
Diphtheria	2,739	2,600	827	6,166
Diphtheria Booster	499	1,374	2,231	4,104
Whooping Cough	2,611	2,360	3	4,974
Whooping Cough Booster	261	750	—	1,011

Smallpox Vaccination, 1960

Age	Under 1	1	2—4	5—15	15+	Total
Primary Vaccination	729	1,126	152	95	229	2,331
Re-vaccination	10	7	9	25	542	593

There was a decline in the number of children vaccinated under one year of age as the result of a change in the recommended vaccination and immunisation programme.

AMBULANCE SERVICE

Section 27

Staff.

The staff engaged in this service at the 31st December, 1960, was as follows :—

Superintendent	..	..	..	1
Deputy Superintendent	..	..	..	1
Sub Officer	..	..	..	1
Depot Clerk/Relief Ambulance Driver	..	..	2	
Shift Leaders	..	..	..	3
Sub-Shift Leaders	..	..	..	3
Ambulance Drivers (Male)	..	..	50	
Ambulance Drivers (Female)	..	..	8	
Attendant (Female)	..	..	1	
Mechanics Grade 1	..	..	6	
Mechanics Grade 2	..	..	1	
Telephonist	..	..	1	
Cook, Part-Time	..	..	1	
				—
Total			79	

During 1960 a total number of 109,103 patients was moved by the ambulance service. This compared with 101,404 in 1959. The average mileage per patient journey was 3.53. The total mileage in 1960 was 386,008 and compared with 353,778 in 1959. The daily average of all patients carried increased slightly from 277 in 1959 to 288 in 1960.

The following table shows a comparison of work performed by the ambulance service during the past five years.

	1956	1957	1958	1959	1960
No. of patients carried ..	101,305	93,233	102,112	101,404	109,103
No. of miles travelled ..	370,649	341,739	356,614	353,778	386,008
Average mileage per patient ..	3.65	3.66	3.49	3.49	3.53

I am indebted to the Ambulance Superintendent (Mr. F. G. Warwick) for the following detailed information and statistics relating to the work of the Ambulance Service during 1960 :—

Duties and Leave.

The shift leaders, sub-shift leaders and male drivers work on a three shift system, with hours of duty from 6—2, 2—10 and 10—6.

Alternate 40 and 48 hour weeks are worked by all personnel, who are paid weekly. Some overtime is inevitable, with this seven day service, and this is arranged according to demands upon it.

Vehicles.

The operational strength of vehicles at 31st December was as follows :

General purpose ambulances	..	..	10
Small sitting case ambulances	..	..	14
Large sitting case ambulances	..	..	3
	—		
	27		—

The maximum carrying capacity of all these vehicles at any one time would be :—

Stretcher cases	..	..	..	..	28
Sitting cases	..	..	..	..	135

Other vehicles operated by the department include : 2 Hillman estate cars mainly for mental health, 1 Hillman Husky (staff car), 1 Land Rover for garage use.

The inspection, maintenance and repair of other departmental vehicles, including the Home Nursing Service ; vehicles of the Welfare Department and Public Health Inspectorate have continued as in preceding years.

Petrol and Oil Supplies.

Supplies of petrol and oil are obtained in accordance with the Council's bulk purchasing arrangements and are stored in bulk tanks. The service provides fuel on charge for all vehicles of the Health Department and Civil Defence ambulances, and in addition, by mutual arrangements, for vehicles from other ambulance services coming to or passing through the city on production of a standard requisition.

Uniform.

The uniform authorised for members of this service is as follows : 1 jacket, 2 pairs of trousers or skirts, 2 shirts and 6 collars, a pair of boots or shoes, 1 cap and 1 necktie, all issued yearly. In addition a double-breasted gabardine raincoat is issued every two years and 1 pair of Wellington boots every five years.

Method of Transmission of Calls.

All telephone calls are received through the switchboard in the control room on Coventry 25041/2/3, or by one of the direct lines from the Fire Brigade, the City Police, Coventry and Warwickshire and Gulson Hospitals ; additionally a hand-operated telephone connects the control room with the ambulance enquiry kiosk at the Coventry and Warwickshire Hospital.

By arrangement with the G.P.O. an additional telephone with a distinctive sounding bell is connected direct to the senior operator at the Telephone Exchange for the purpose of receiving " 999 "

calls (priority) and this ensures immediate attention. Over 2,447 calls were received on this line alone during 1960.

Ambulance Enquiry Kiosk.

The ambulance enquiry kiosk in the Out-Patients' Department at the Coventry and Warwickshire Hospital is staffed during the daytime from 9 a.m. to 5.30 p.m. by a member of the ambulance service, whose duty it is to receive, correlate and co-ordinate all out-patient transport requirements before passing them to the ambulance control room. This system reduces the amount of waiting time for patients and obviates the duplication of requests and journeys.

Radio Telecommunications.

As new vehicles are purchased, radio equipment is transferred to them from older vehicles, or those which are to be used less, but there are still only 17 mobile sets available for the full fleet of 30 vehicles, although plans are in hand to increase the number of sets.

Arising partly from the continued use of V.H.F. radio the average mileage per patient is 3.53. Maintenance of this special equipment is carried out at regular intervals by the manufacturers' service department.

Mutual Arrangements.

For the past three years mutual arrangements have existed between the local health authority and the county ambulance service, whereby the latter service has dealt with the discharge of patients from the Kenilworth Convalescent Home (admitted from Coventry hospitals) to addresses within the city ; the discharges of patients from hospitals in the county area to addresses within the city under the terms of Section 27 of the Amendment Act, 1949 ; and the conveyance of Coventry patients with Warwickshire patients to convalescent homes in Worcestershire.

The Coventry ambulance service has dealt with Warwickshire border cases attending at the city hospitals and has reciprocated with the conveyance of patients to convalescent homes.

Both the City Council and County Council being satisfied that the mutual arrangements are working equitably and satisfactorily, these have been extended for a further period of five years.

Accident and Emergency Journeys.

The number of accident and emergency journeys made during the year was 5,106, this differing only slightly from the year 1959, for which the number was 4,849.

There is still very little change in the rate of home accidents, the total being 1,417 ; of these 20 cases received burns by fire.

Of the 5,106 accident cases attended, 92 were outside the city boundary.

The following table indicates the source of origin of accident calls received :—

“ 999 ” calls from members of the public ..	2,447
Calls on 25041 (mostly from industrial premises)	1,599
Doctors on 25041	877
Police private line	77
Fire brigade private line	7
Hospital private line	51
Verbal messages to control room	21
Vehicle radio from ambulances on other work ..	27
	5,106

Services not required (Accidents).

Of the 5,106 accident calls responded to, on 381 occasions the services of the ambulance were not required on arrival.

Resuscitators.

The Stephenson Minuteman Resuscitator acquired in 1959 has been used 22 times, 7 of which were successful.

The Novox Resuscitator was used on 2 occasions during the year, both of which were successful.

Traffic Congestion.

Very difficult traffic conditions and congestions have prevailed during the year, particularly in relation to the ambulance depot adjoining the northern part of the Inner Ring Road, but generally in all the central areas of the city.

Despite the helpful co-operation of the Chief Constable, delays have been unavoidable and very careful thought is, accordingly, being given to the siting of the new ambulance station, on which a start is hoped to be made in the near future.

Treatment at the Royal Pump Rooms, Leamington Spa.

Patients are taken each day from their homes in Coventry to the Pump Rooms at Leamington for various forms of spa treatment. This service conveyed 8,378 patients in the year.

Transport of Patients by Train.

The facilities offered by British Railways for the conveyance of patients to distant places by train have been used for 50 patients. The special “ Parrot ” stretcher was used on 15 occasions for transporting bedridden patients.

The 50 journeys by train have resulted in a saving of 11,396 miles for the ambulance vehicles. The temporary absence of both vehicles and personnel is a feature of long distance journeys, and any reduction in these calls is to be encouraged.

General.

The extent of the demand from the Hospital Management Committee for the transport of patients to hospitals and homes outside Coventry will be seen from the following list of places to which 13,177 patient journeys were made during 1960 :—

The Towers, Kenilworth	Leicester Royal Infirmary
Kenilworth Convalescent Home	Creaton Sanatorium, Northampton
Warwick Central—Leigh House	Birmingham—General Hospital
Warwick—King Edward VII	Maternity Hospital
Chest Hospital	Eye Hospital
Warwick Hospital	Women's Hospital
Pump Rooms, Leamington	Queen Elizabeth
Warneford Hospital, Leamington	Hospital
River Park Nursing Home, Leamington	Accident Hospital
George Eliot Hospital, Nuneaton	Dudley Road
Manor Hospital, Nuneaton	Orthopaedic Hospital
Higham Grange	Ministry of Pensions
Bramcote Hospital	Woodlands Hospital
Blackwell Recovery Hospital	Romsley Sanatorium
St. Cross Hospital, Rugby	Marston Green Hospital
St. Luke's Hospital, Rugby	Harboro Magna Hospital
Bolehill, Tamworth	Smethwick Hospital
St. Peter's, Droitwich	Grendon Hospital
Ronkswood Hospital, Worcester	Gables House, Droitwich
Manfield Hospital, Northampton	Ratcliffe Hospital, Oxford
	Bradwell Hospital, Stoke-on-Trent

Occasional abuses of the ambulance service facilities and a few difficulties occur which are common in similar services from time to time, but these have dwindled to negligible proportions and are usually dealt with by the officer on duty.

In conclusion I would say that we in the Ambulance Service appreciate very much the interest shown by the Health Committee in the running of the service, and the most helpful day to day liaison with the Health Department. I also wish to thank the City Police, the Fire Brigade, and the hospital staffs for their valued co-operation throughout the year.”

Report on work performed for year ending 31st December, 1960

(1)	(2)	(3)	(4)	(5)	(6)	(7)
1960	No. of vehicles at 31.12.60	Total No. of journeys during year	Total No. of patients carried during year	Number of accident and emergency journeys during year incl. in column 3)	Total mileage during year	No. of paid whole time staff at 31.12.60
Directly Provided Service(s)	Ambulances Sitting Car Ambulances	10 17	20,670 17,858	42,437 66,666	4,543 563	148,942 237,066
Agency Service(s)	Ambulances Sitting Car Ambulances	— —	— —	— —	— —	— —
Supplementary Service(s)	Ambulances Sitting Car Ambulances	— —	— —	— —	— —	— —
TOTALS		27	38,528	109,103	5,106	386,008
				79		

CLASSIFICATION OF PATIENTS CONVEYED.

Patients involved in Accidents	For treatment	After Treatment	Admissions	Transfers			House to House	Total
				Discharges	Civic Airport	Council House		
5,125	41,379	40,609	9,521	5,308	7,023	138	109,103	

TRANSPORT AND OTHER WORK (NUMBER OF JOURNEYS)

Home Nursing Service	Municipal Midwives	Health Dept.	Civic Airport	Council House	Miscellaneous	Total
—	14	41	4	—	23	82

ANALYSIS OF PATIENTS

FROM	TO:	C. & W. Hospital	Gulson Hospital	Keresley Hospital	Isolation Hospital	Paybody Hospital	Highview Hospital	Allesley Hall	Dover Street Clinic	Gulson Road Clinic	Nursing Home	C. & W. Hospital Mortuary
HOME		33,304	4,551	2,373	761	17	324	—	2,218	78	82	165
C. & W. HOSPITAL . . .		2	719	791	215	41	25	—	3	2	10	—
GULSON HOSPITAL . . .		190	—	65	151	5	25	—	1	—	11	—
KERESLEY HOSPITAL . . .		588	35	—	47	—	—	—	—	—	14	—
DOVER STREET CLINIC . . .		3	—	—	—	1	—	—	—	—	—	—
PAYBODY HOSPITAL . . .		8	3	—	1	—	—	—	1	—	—	—
ALLESLEY HALL . . .		—	—	—	—	—	—	—	—	—	—	—
NURSING HOMES		9	7	4	—	—	3	—	—	—	1	1
PUMP ROOM LEAMINGTON . . .		—	5	3	—	—	—	—	—	—	—	—
CITY ISOLATION HOSPITAL . . .		120	90	39	13	1	10	1	—	1	1	—
GULSON ROAD CLINIC . . .		—	—	—	1	—	—	—	—	—	—	—
HIGHVIEW HOSPITAL . . .		3	1	—	—	—	1	—	—	—	—	1
OLD PEOPLES HOMES . . .		22	1	3	1	—	10	—	—	—	—	3
THE TOWERS, KENILWORTH . . .		—	18	—	6	—	—	—	—	—	—	—
KENILWORTH CONVL. HOME . . .		2	4	1	—	—	—	—	—	—	—	—
SPECIAL SCHOOLS		—	—	—	—	—	—	—	—	—	—	—
DISCHARGE FROM OUT OF TOWN HOSPITAL. . . .		—	—	—	—	—	—	—	—	—	—	—
OTHER HOSPITAL OR CLINIC . . .		22	29	4	8	2	15	—	—	—	—	1
OCCUPATION CENTRE . . .		—	—	—	—	—	—	—	—	—	—	—
RAILWAY STATION		2	1	2	—	—	—	—	—	—	—	—
TOTALS . .		34,275	5,464	3,285	1,204	67	413	1	2,223	81	120	170

Plus :—

PERSONS INVOLVED IN THE FOLLOWING

STREET	COLLAPSE	HOME	SPORT	SCHOOL	CHILDREN AT PLAY	WORK	FACTORY
1,442	685	1,417	95	348	67	140	60

VIEWED DURING 1960

Warwick Central Hospital	Pump room Leamington	Old People's Home	Children's Home	Convalescent Homes	Railway Station	Special School	Burns Road School	Other Hospital	Other Clinic	Work	The Towers Kenilworth	Kenilworth Conv.-Home	
679	4,208	12	—	36	55	1	1	1,151	850	—	—	—	51,038
71	—	41	—	28	21	3	—	78	3	—	—	14	36,017
33	—	2	—	21	3	—	—	72	2	—	1,281	505	4,590
—	—	8	—	1	—	—	—	3	1	—	—	—	2,698
—	—	—	—	—	—	—	—	—	—	—	—	—	2,139
—	—	—	—	—	—	—	—	2	2	—	—	—	147
—	—	—	—	—	—	6	—	1	—	—	—	—	39
—	—	—	—	—	—	—	—	—	—	—	—	—	4,185
6	—	—	4	8	1	—	—	46	2	—	—	—	641
3	—	—	—	—	—	—	—	—	—	—	—	—	144
—	—	—	4	—	—	—	—	—	13	—	—	—	134
—	—	—	—	—	—	—	—	—	1	—	—	—	42
—	—	—	—	—	—	—	—	—	—	—	—	—	724
—	—	—	—	—	—	—	—	—	—	—	—	—	16
6	—	—	—	—	—	—	—	—	—	—	—	—	6
—	—	—	—	—	—	—	—	—	—	—	—	—	593
—	—	2	—	—	—	—	—	3	28	—	—	—	750
—	—	—	—	—	—	—	—	—	1	—	—	—	6
—	—	—	—	—	—	—	—	—	—	—	—	—	69
794	4,214	69	4	94	80	10	1	1,356	903	—	1,281	519	103,978

INCIDENT AND EMERGENCY JOURNEYS

LIC CE	MATERNITY	ILLNESS	OTHER TYPES	S.M.R.	TOTAL NO. OF JOURNEYS	TOTAL NO. OF PATIENTS
3	2	41	—	381	5,106	5,125

PREVENTION OF ILLNESS, CARE AND AFTER-CARE (Section 28)

Tuberculosis.

In both my 1958 and 1959 Annual Reports I indicated that the local notifications of Pulmonary Tuberculosis were at their lowest levels for a decade. In 1958 there were 303 notifications and in 1959 there were 243. It gives continuing satisfaction, therefore, to report that in 1960 the number of new cases in the city notified directly to the department was 178: this in spite of a further increase in the city's population by 5,300 during the year.

Closest co-operation between the staffs of the Chest Clinic and the Health Department continues, and not least is this achieved by the regular visits made to the Clinic by our Tuberculosis Visitors and by liaison between the appropriate doctors in both fields of work.

It is certain that those who are in any way concerned with the prevention and control of the disease, whether in the clinical or domiciliary aspects of the work, must derive great satisfaction from this continuing decline in incidence.

Modern therapeutic treatments have, of course, made a wonderful contribution in latter years to this state of affairs, and the associated work performed by the staff of the Mass Radiography Service has been of the utmost value: not to mention, of course, the contribution towards prevention by our own visiting staff.

The provision of free milk to tuberculous patients has continued during the year as shown in the following table :—

No. of persons receiving milk at 1st January, 1960	292
No. of additional persons allowed milk during 1960	96
Total number who received milk during 1960 ..	388
No. of persons receiving milk at 31st December, 1960	258
Cost during year ended 31st December, 1960 ..	£5027.19s.5d

OCCUPATIONAL THERAPY

Following the Organisation and Methods review of the department, agreement was reached for the occupational therapy service to be moved from the new Council Offices to Gulson Road Clinic during 1960. The move was not particularly popular amongst patients who collect their materials and involved a number in extra travelling. One advantage of the move, however, will be the availability of a large room wherein group therapy activities may be conducted. At the year's end arrangements were well in hand for this activity to take place.

Although the occupational therapy service was started in 1956 for domiciliary tuberculous persons, it has now been extended to include certain other disabled persons who are referred from time to time by the Director of Welfare Services and the group therapy activities will, it is hoped, provide facilities also for a number of such handicapped persons.

The number of crafts available which provide a wide choice to patients, has continued unchanged. Basketry and rug-making

continue to be the most popular, since the "end product" is invariably much in demand.

For a three week period prior to Christmas a joint enterprise with the Welfare Committee was undertaken in the opening of a Christmas shop for the sale of patients' work.

The shop at 17/18, Fleet Street was formally opened by the Lord Mayor and Lady Mayoress and money raised was paid to the makers of the articles. The total sales during the period amounted to £151.

Statistics relating to the year ended 31st December, 1960

Number of patients remaining in scheme from 1959	148
Number of patients brought into scheme during 1960	38
Number of patients who left scheme in 1960 :—	
Died	6
Returned to work	32
Number of patients in scheme at 31st December, 1960	148
Number of visits to patients' homes during 1960	1,281
Number of patients visits to office (for materials etc.)	1,117

Venereal Diseases.

Since the appointed day of the National Health Service Act the Health Visitors have continued special follow-up visits to defaulters in connection with venereal disease work and in co-operation with the treatment centre. During 1960, 78 such visits were made.

Cancer

At the request of, and by arrangement with, the medical staff of the Coventry and Warwickshire Hospital, follow-up visits have also been made for some years to post operative cases with this complaint. In 1960 there were 53 visits made.

Meals for the Sick and Aged.

Since its inauguration in July, 1949, the service has been so extended in its take-up by the public, that compared with the average number of meals supplied per day in 1949 (74) the figure has now risen to 164 and in 1960, 3,543 more meals were supplied than in 1959; total meals supplied now number over three thousand.

The following details relate to the activities of this service in 1960 :—

Total number of meals supplied	..	..	..	41,642
Average number per day (i.e. five days per week)	..			164
Cost of purchasing meals	..	..	£3,452	19s. 0d.
Contributions from recipients	..	..	£344	15s. 0d.
Net cost	..	..	£3,108	4s. 0d.
Mileage run by three vans (approx.)	..	..	..	20,237
Total number of persons attended	..	..	..	437

Provision of Nursing Equipment and Apparatus.

In July, 1960, the sick room appliances were transferred from the Central Clinic, Gulson Road to accommodation on the ground floor of the new Council Offices, from where they are available to the public at very reasonable hire charges.

HEALTH EDUCATION

(Section 28, National Health Service Act)

Health Education continues through the department to the extent which routine staff commitments will allow. The importance of this subject to the well-being of the community grows. It is of great moment to any major health department that detailed attention should be given to almost every facet of work from a health educational point of view. There is nothing unnatural or unreasonable in this viewpoint, since without intensive health education a local health authority's preventive approach towards better standards of communal health must invariably be hindered.

I do not feel remiss, therefore, in returning to this theme in my introductory letter to this report, and trust that my comments will stimulate constructive thought.

The Ministry of Health, in Circular 1/61, request information as to progress concerning Health Education, and have also invited commentary on the steps which have been taken to bring to public notice the connection between smoking and lung cancer. A comprehensive report including certain suggestions on this latter subject was submitted to Health Committee in September, 1957. Since that time limited approach has been made to schoolchildren with the co-operation of the Director of Education, and information circulated regarding the upward trend of cancerous lung conditions and the significant and adverse relationship of cigarette smoking from the causative point of view. Headteachers have co-operated in bringing the seriousness of the subject to the notice of appropriate groups of schoolchildren. Suitable pamphlets dealing with this subject are distributed from appropriate buildings and posters are also displayed in suitable locations.

Various members of the staff have lectured on a number of subjects during the year. Routine talks have been given by our health visitors to groups of mothers at our clinics or within the family circle during domiciliary visits.

Convalescence.

The City Council has accepted financial responsibility for hospital patients needing essential recuperative convalescence following their treatment. Such cases are recommended by the consultant staff and passed to the hospital almoners for allocation to acceptable convalescent homes.

All applications are scrutinised by the Medical Officer of Health prior to recommendation to the Health Committee.

76 applications were approved as a charge on the Health Committee. These 76 cases were accepted for periods of 2, 3 or 4 weeks' convalescence in various seaside homes, and of these one was granted an extension of the original period based on further medical representations.

The cost of the maintenance of these patients to the department during the current year was £1,241 15s. 0d.

In 1960, travelling facilities were provided by way of rail or bus fares at a cost of £243 19s. 11d.; 75 patients with 4 escorts were paid for; the Education Committee refunded the Health Committee to the extent of £80 4s. 9d. for the journeys of 13 school children with 18 escorts.

In accordance with the authority contained in Ministry of Health Circular 85, travelling vouchers were made available to relatives for the purpose of visiting patients in hospitals outside Coventry. 10 travel warrants were so issued to the relatives of patients throughout the year; the cost amounted to £28 1s. 6d.

A comparison of the extent and the cost of these services in the last two years they have operated is as follows:—

	1960	1959
Applications for convalescence received	76	47
Applications for convalescence approved	76	47
Applications for extension	1	3
Cost of maintenance in convalescent homes	£1,241 15s. 0d.	£784 12s. 6d.
Travel facilities provided		
—No. of patients	75	49
Cost of such	£243 19s. 11d.	£127 7s. 3d.
Visiting facilities for relatives:		
No. of patients visited	4	50
No. of travel vouchers granted	10	386
Cost	£28 1s. 0d.	£260 18s. 10d.

ACCIDENTS IN THE HOME

1960

Cases investigated	231
Cases notified to this department by the Casualty Department	172
Nature of Accidents	
Burns and scalds	63
Cuts and bruises	84
Head injuries	26
Fractures	42
Poisoning	10
Miscellaneous	2
Deaths	4

More cases have been investigated this year following the co-operation of the Casualty Department of the Coventry and Warwickshire Hospital in notifying us of accidents attending for treatment.

In spite of repeated warnings and constant advising, scalds and burns continue with alarming regularity. Parents fail to realise how delicate a child's skin is and what damage can be caused by the spilling of a cup of tea. The pulling-over of tea-pots is a constant source of scalding, with very serious results. Buckets of hot water left unprotected cause more accidents among toddlers than one would think possible. The danger of washing babies in hand-basins cannot be over-emphasised, and more than one baby has been severely scalded by clutching the hot water tap and turning it on. It is deplorable that cigarette smoking should cause so many burns to the young by carelessly allowing ash to fall.

All electric homes have their hazards too. Toddlers are tempted to explore into sockets and several fingers have been burned. The warming of night attire in front of the fire has caused burns by buttons getting over-heated.

Cases of poisoning still arise through carelessly using cordial bottles and one case which necessitated gastric lavage was when an embrocation had been given for cough medicine.

Fractures, in most cases, are a result of over-exuberance by the young but in one case a young mother was so anaemic and exhausted that she fainted and, in falling, received a fracture.

Only one case of a pet causing injury was recorded when a pet dog bit a child.

Unfortunately, four deaths were investigated during 1960 : one was where a baby turned its head into a pillow and suffocated, another young toddler swallowed a fatal dose of aspirin, a three-year-old climbed up to a water-butt, fell in and was drowned, and a child who was at home with a cold had been placed on a sofa in front of the fire and whilst she was asleep a spark set fire to the covers and the child died later from extensive burns.

HOME HELP SERVICE

(National Health Service Act, 1946

Section 29).

The Home Help Service in Coventry was already four years old on the Appointed Day of the National Health Service Act and at the end of 1948, some 90 Home Helps (full-time and part-time) were in employment (1946 — 16 Home Helps). The service had been provided for persons who were in genuine need through illness, infirmity and old age or because of recent or impending confinements.

The years between have produced a steady increase in the demands on the service and it is interesting to recall that whereas in 1949 the total number of visits to homes by the staff of this service was 5,924, the figure had risen by the 31st December, 1960 to 71,939. The development of the service revealed a growing demand for the part-time assistance of Home Helps, and to meet this a greater proportion of part-time than full-time helps are employed.



Instruction of Home Helps at the Housecraft Centre

In order to make for more satisfactory allocation and control of the Home Help Service, district offices under the immediate control of an Assistant Organiser were set up in Holbrooks, Bell Green and Tile Hill areas and during 1959 a further district office was established in Church Lane (for the Wyken-Binley Road area). The district office in Church Lane was transferred during the year to 1a, Argyll Street (a Corporation property) which has proved infinitely more convenient. Consideration is being given to the establishment of further district offices in the Allesley-Coundon and Hillfields areas. When these offices are opened the decentralisation of the Service will be more complete, thus making it more convenient to the public and effecting a saving in Home Helps' time and travelling expenses.

Each Home Help is issued with overalls, and a distinctive badge is made available to her.

Induction Courses (which during 1959 were increased in duration from two to three weeks) have been held for several years. These preliminary courses have proved invaluable in selecting the right type of individual for the job. Six such courses were held in 1960 and 202 out of 241 applicants were successful, and taken on to the staff.

Consequent upon the re-allocation of accommodation in the Council Offices to various Departments and upon the availability of 1a, Argyll Street, a Housecraft Centre was set up at the last mentioned premises and has proved much more convenient for training purposes than the basement rooms at the new Council Offices which were hitherto used.

The staff engaged in this service at 31st December, 1960 was as follows :—

1 Organiser
7 Assistants to the Organiser
1 Typist
4 Clerks (1 full-time and 3 part-time)
311 Home Helps.

The following summary shows the work done during the year as compared with the previous year :—

		1959	1960
Maternity cases	.. .. .. ..	399	502
Illness and chronic sickness	.. .. .. ..	211	235
Infirm and aged	.. .. .. ..	1,133	1,269
Tuberculosis	.. .. .. ..	34	12
Other cases	.. .. .. ..	69	45
Total number of cases attended	.. .. ..	1,846	2,063
Last year's applicants still on books	.. .. ..	560	594
Applications	.. .. .. ..	1,529	1,707
Advance applications for the next year	.. .. ..	90	90
Cases actually assisted	.. .. .. ..	1,846	2,063
Applications not pursued	.. .. .. ..	251	178
Applications not eligible	.. .. .. ..	NIL	NIL
Applications still on books at end of year	.. .. ..	594	840
Total number of visits to homes by home helps	67,230	71,939	

The figures for 1960 again record a sharp increase in the demand for Home Helps, and it will be observed that over 217 more cases were dealt with than in 1959. There was again acute pressure on the service during the winter months, due largely to the increased number of cases and the heavy incidence of sickness amongst old people.

It is pleasing to note that the Establishment and General Administration Committee acquiesced in the proposal of the Health Committee for enhanced rates of pay to Home Helps who are required to work in exceptionally dirty premises.

The Home Help Service has again responded well to the many calls made upon it and is to be congratulated for these splendid efforts.

With the progressive increase in the number of old people and the desire to keep them living in their own homes as long as possible the Home Help Service is making an important contribution as one of the domiciliary services required for this purpose. It is therefore vitally essential that the Service keeps pace with the demand, and that the administrative staff is sufficient to cope properly with the supervisory and clerical work involved. One therefore hopes that the contemplated review of the situation will result in some augmentation of existing staff.

The establishment of a Night-Care or "Sitters-in" Service (under Sect. 28 of the Act) on a limited scale on the 1st October, 1958, to supplement the existing Home Help Service by the provision of attendance during the night hours for seriously ill persons who are without relatives or friends to assist them, has proved very worthwhile. Additionally, the service is used to relieve, in exceptional circumstances, persons who already provide these services for their friends or relations.

The cases dealt with during the year ended the 31st December, 1960 numbered 17.

CHIROPODY SERVICE

(Coventry Corporation Act, 1958 Section 72)

The Director of Welfare Services has provided me with the following comment :—

One of the most common causes of immobility in elderly people, with its consequent dependence upon others, is foot troubles and it is satisfying to know that with the coming into operation of the Coventry Corporation Act, 1958, the Council became empowered to provide a Chiropody Service for aged and necessitous persons. The Council delegated its powers to the Welfare Committee, who decided inter alia —

- (a) That the service should commence on the 1st March, 1959 as a free service for aged and necessitous persons as defined in the Act.

- (b) That the service provide for the giving of treatment to both ambulant and domiciliary cases.
- (c) That the chiropodists to be employed by the Council shall be qualified chiropodists, that is to say chiropodists who are members of the Society of Chiropodists, or of the Institute of Chiropodists or whose names are included in the list kept by the Minister of Health under Paragraph 3(4) of the National Health Service (Medical Auxiliaries) Regulations 1954.

With the inception of the Council's new Scheme, the Assisted Scheme of the Central Committee for Old People's Welfare was no longer necessary and was, therefore, wound up.

The new Service has proved a boon to elderly people and there has been a progressive increase in the number of new applications.

The numbers of participants at the 31st December, 1960 were —

Surgery cases	..	..	..	..	..	..	..	793
Domiciliary cases	..	..	..	..	..	..	..	454
							Total	.. .. 1,247

MENTAL HEALTH

Section 51

(Section 28 as from 1st November, 1960)

The Mental Health Section.

The year 1960 was a year of activity and of change for the Mental Health Section. Although the Mental Health Act received royal assent in July, 1959, the provisions of the Act were progressively implemented during 1960, and the changes in the law necessitated similar changes in the administration, staffing and work of the section.

As from the 1st November, the Lunacy and Mental Treatment Acts, and the Mental Deficiency Acts, ceased to operate, and compulsory admissions to psychiatric hospitals and hospitals for the subnormal were governed by the Mental Health Act. The Coventry Executive Council called a meeting of general practitioners in the city to discuss the working of the new Act and talks were given to this meeting by members of the hospital and local authority services. Close co-operation between general practitioners, local health authority services and hospital services is now essential in admitting patients compulsorily to psychiatric hospitals, and the formal and informal meetings held during the year undoubtedly contributed towards the present smooth functioning of the services.

A highlight of the year was the "Coventry Mental Health Week" which was held from 9th to 16th July. The Ministry of Health requested local authorities to make arrangements during this period to publicise the work of their mental health services : in Coventry

the local authority organised a programme for the week jointly with the staff of the Central Hospital, Hatton, the Coventry Society for Mentally Handicapped Children and the Coventry Council of Social Service. A public meeting was held in the Central Hall, Warwick Lane, which was presided over by His Worship the Lord Mayor, Alderman H. Stanley, J.P. and addressed by Dr. L. T. Hilliard, Physician Superintendent of the Fountain Hospital, Tooting Grove, London, and a three-day exhibition on mental health was held in St. Mary's Hall. Open days were organised at the Burns Road Junior Training Centre and the Coventry (Public Health) Senior Centre, and a garden party was held in the grounds of the Wyken Pippin Hotel. In addition, a special church service for Mental Health Week was held at St. Thomas's Church, Coventry. The response by the public was excellent, and it is felt that the Coventry Mental Health Week made a contribution towards a better understanding of the problem of mental disorder.

Administration.

The proposals of the Coventry City Council for the provision of mental health services under Section 28 of the National Health Service Act were submitted to the Minister in April, 1960. The pattern of these proposals had been carefully considered after the Mental Health Sub-Committee had visited and taken into account the services operating in several other cities. In general it was considered undesirable for the local authority to attempt to establish an additional medical service for the treatment of mental disorder, thus offering an alternative service to that already available from general practitioners and psychiatrists working in the National Health Service. The need of the existing medical services for social worker help was realised, and the local authority in strengthening its mental health service endeavoured to create a specialised social work department and to integrate this department with the medical services already in existence.

With the aim of integrating the mental health services as far as possible, meetings were arranged at which representatives from the Coventry Health Committee on behalf of the City Council ; the Coventry Executive Council ; Group 20 and Group 14 Hospital Management Committees respectively attended, together with their appropriate officers. As a result of these meetings a formal integration of the duties of the social workers in the hospital and local authority services was ratified by the respective bodies. Integration and rationalisation of the use of mental welfare staffs (including the psychiatric social workers) of the local health authority and the hospital management committee was agreed in principle, it being recognised that the consultant psychiatrist dealing with a particular case might ask a psychiatric social worker of either the hospital management committee or the local health authority to deal with the case, or might ask a mental welfare officer to deal with the case or certain aspects thereof on a direct approach. Further, it was agreed that where cases were already known to the local health authority

social workers, it would be preferable on the discharge of the patient from hospital for the local health authority psychiatric social worker to deal with the case. Formal agreement also was reached so that hospital out-patient department clinics would make use of the local health authority psychiatric social workers, and that they and mental health officers should be present at the clinics as necessary. In order that individual members of the services would be freely available to assist general practitioners, it was formally agreed that the latter should effect liaison with the officers of both authorities and make direct approach to the consultant, the hospital or the local authority psychiatric social workers or mental welfare officers at any time. One problem emerging was the relative roles which social workers from the hospital and local authority should play. Agreement was reached that psychiatric social workers whether employed by the local health authority or the hospital management committee should undertake similar duties in all aspects of the National Health Service.

Integration to the fullest possible extent, of the Social Work Department of the Central Hospital, Hatton, and the Coventry Mental Health Service was agreed in May, 1960, and by the end of the year the results of the combined service had been conspicuously successful. Prior to this date, the problem of the psychiatric hospital notifying the local health authority about the discharge of patients from hospital had not been resolved to satisfaction and gave cause for concern. The integration of the services removed this difficulty, as the consultant psychiatrists could automatically request a local authority psychiatric social worker to carry out after-care without previous special notification.

The Authority's Organisation and Methods Section carried out an examination of clerical methods and procedures in the Health Department during 1959. At the time of this review a detailed appraisal of the clerical methods and procedures in the Mental Health Section was not possible as the changes due to be brought about by the Mental Health Act, 1959, could not then reasonably be foreseen. In June of 1960 it was considered that the broad basis for the implementation of the Mental Health Act had been established and that an organisation and methods study of the clerical procedure would be desirable. At the request of the Medical Officer of Health this was carried out by the authority's team, and the resulting recommendations were agreed and introduced later in the year.

Tribute must be paid to appropriate officers of the Town Clerk's and City Treasurer's Departments respectively, whose assistance enabled certain administrative problems involved in the changeover to be resolved before the final sections of the Act came into force in November, 1960.

Staffing

In common with other local authorities, a shortage of trained social workers and especially psychiatric social workers has created practical staffing difficulties. During the year one psychiatric social

worker and two mental welfare officers were appointed, and in addition the vacancy for Principal Mental Health Officer was filled late in the year. A revision of the salary structure and designation of local authority social workers was carried out in accordance with Whitley Circular No. P.T.A. 81, but these improvements, as yet, leave unresolved locally the basic problem of the shortage of trained social workers. In order to remedy this the Coventry City Council, in August, established a training scheme for social workers, who will pursue a two-year course of training at the Lanchester College of Technology. The students pursuing this course will, as part of their training, receive practical instruction in the mental health section of the Health Department.

Work Undertaken in the Community

1. Mental Illness.

The psychiatric social workers and the mental welfare officers continued to assist the Central Hospital, Hatton, in the admission of patients to hospital and to assist with the after-care of discharged patients. Special attention has been paid to the problem of disturbed expectant mothers. After consultation with the consultant psychiatrist the services of a psychiatric social worker were made available to the doctors in both the hospital and the local authority ante-natal clinics, but to date experience has proved the demand for this facility to be very limited indeed. It is perhaps too early to assess the value of such an innovation, but *theoretically* it should result in the early recognition and treatment of the mental disorders associated with pregnancy.

In January 1960, the services of a psychiatric social worker were made available to a group practice of three medical practitioners practising from the Tile Hill Health Centre for one afternoon each week. Under the guidance of the consultant psychiatrist in Coventry the psychiatric social worker assists these practitioners with the after-care of the mentally ill patients in their practice. All the doctors concerned in this pilot experiment have been impressed by its value. Requests have been received from other general practitioners for an extension of this type of service, but unfortunately the shortage of psychiatric social workers, to date, has prevented this taking place.

(2) Subnormality and Severe Subnormality.

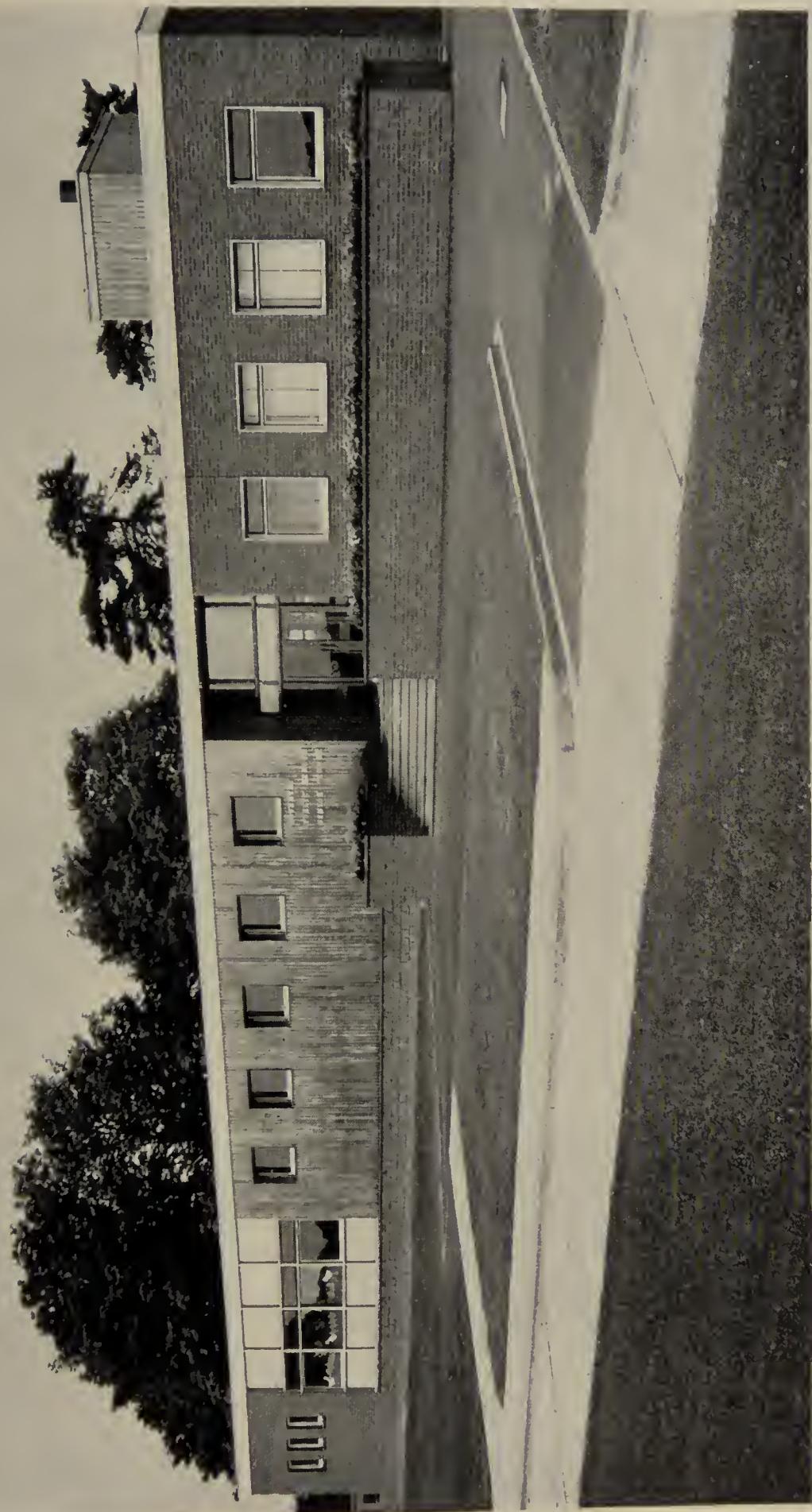
Comment was made in the 1959 report concerning the increase in the number of subnormal and severely subnormal persons awaiting admission to hospital for permanent care. In 1958 there were 9 persons on the waiting list for admission to hospital, but by the end of 1959 the list had increased to 19, and of these 17 were classified as being in need of urgent admission. During 1960, 9 Coventry persons on the waiting list were admitted to hospitals for the subnormal in the area of the Birmingham Regional Hospital Board. In addition, 3 cases not previously on the waiting list were admitted to hospital after conviction in the local courts. A further 2 patients on the waiting list died. The 12 admissions this year represent a great

improvement over the 2 places which were secured during 1959, but unfortunately the waiting list for permanent hospital care increased during the year. On 31st December, 1960, 26 patients were awaiting admission, and in 10 of these cases the need was classified as being urgent.

The majority of severely subnormal persons living in their own homes attend one of the training centres in the city. However, a few are so severely handicapped as to be unsuitable for training at the centres, and their families often have an extremely arduous task in caring for them. The mental welfare officers visit the homes of such persons and assist with many of the day-to-day problems. When social crises arise, or in order to allow their families to have a holiday, temporary periods of hospital care are arranged. The fact remains, however, that those families looking after very severely handicapped persons cannot as yet receive assistance from the mental health service to the extent provided for those handicapped persons who attend our training centres. In order to help remedy this defect (to some extent at least), discussions were held with the Women's Voluntary Service with a view to providing a family relief service for subnormal persons. It was agreed that W.V.S. workers could be of assistance in providing occasional evenings sitting in for the parents in families where there is a young severely handicapped child, that they could give general supporting help to the family and could provide occasional car trips for the mother and handicapped child and other members of the family. The service was introduced in October, 1960, on the understanding that the W.V.S. workers undertaking it should work under the direction of the social workers in the mental health section, and that the introduction of the W.V.S. worker to the family should be carried out by the mental welfare officer who normally visited the home. Several W.V.S. volunteers were introduced in the closing months of 1960, and it is hoped that this service will be extended in the future.

Training Centres.

The shortage of qualified staff, experienced in training centre work, is nation-wide. The expansion of the training centre facilities in Coventry which took place during the year precipitated a problem of staffing the centres. Several persons with experience in the hospital services were appointed to the senior centre, and in addition, a comprehensive programme of staff training was initiated. The National Association for Mental Health conduct full-time courses for teachers of the mentally handicapped and issue a diploma to successful candidates at the end of the one year course. Two assistant supervisors were seconded for training during the academic year 1959/60, and both obtained their diploma. Three assistant supervisors are pursuing the 1960/61 course : two have been seconded by the Health Department for training, and one has been granted leave of absence without pay and is pursuing the course aided by a further education grant. In addition, a series of lectures to the staff of both centres was started during the year on subjects connected with their



Coventry (Public Health) Senior Training Centre



work. The Coventry Society for Mentally Handicapped Children have taken an interest in staff training and during the year most generously made money available for the provision of library books at both centres. The books are available to all assistant supervisors and trainees, including those pursuing the N.A.M.H. diploma course.

When the Burns Road Centre opened in 1952 the pupils were transported to and from the centre by vehicles of the Coventry Ambulance Service. A few years later it became necessary to arrange for a local coach operator to undertake this service and the children were conveyed to and from the centre in 30-seater coaches. The Ambulance Service continued to provide escorts. The total numbers in attendance at the two centres increased in 1960, and this necessitated a review of the whole system of transporting pupils, since it became apparent that certain of the children spent excessive time in travelling. The Health Committee considered several schemes and finally decided to enter into a contract with a local garage proprietor for transporting the pupils in 11-seater Austin omnibuses. The points and times of pick-up of the children were re-arranged, and the new scheme started on July 1st. Much improvement has resulted in the service and all the coach runs are now of less than half an hour's duration. Escorts were recruited for the coach runs and the Ambulance Service now provide escorts only in emergency situations.

St. Peter's Centre, Yardley Street.

This centre, which was opened in 1957 as a temporary expedient, was closed in January, 1960, and the pupils were allocated to the two other centres. The St. Peter's Centre had approximately 30 persons of all ages in attendance and served a useful purpose in relieving the pressure on the waiting list for admission to the Burns Road Centre. Although the accommodation was not satisfactory for training centre purposes, nevertheless the small unit achieved a happy family atmosphere due largely to the efforts of the supervisor and her assistants. The supervisor of the centre reverted to her former duties in the Burns Road Centre.

Coventry (Public Health) Senior Centre.

The Coventry (Public Health) Senior Centre opened to receive pupils on 1st February, 1960, and was officially opened by the then Lord Mayor (Alderman W. H. Edwards, J.P.) on Wednesday, 23rd March, 1960. The centre, planned to accommodate 120 pupils eventually, started with approximately 80 subnormal and severely subnormal persons on the register, and by the end of the year the number had risen to 110. The majority of those in attendance had previously attended either the Burns Road or St. Peter's Centres, but many new admissions were made from the community. The adult waiting list for training centre places disappeared. The early months of the year were spent in assessing the capabilities of the persons in attendance and in organising the training programme of the centre.

Persons over the age of 16 were grouped into classes for vocational programmes of training. In addition, two classes of selected persons between the ages of 12 and 16 years were formed in order to give transitional training between that of the junior and adult centre.

The local H.M. Inspector of Factories was invited to visit the senior centre soon after the opening in order to advise on safety precautions with the machinery in the centre. His advice was interesting and there was a viewpoint at that time that the senior centre might with advantage be registered under the Factory Acts. The correctness or otherwise of such a registration was taken up with the Ministry of Health, as adult training centres in other parts of the country were not registered in this manner. As a result of these enquiries the application for registration was not proceeded with.

The supervisor and staff of the centre made great efforts to obtain industrial work for the trainees from outside firms. After many tribulations and trials of work processes, the centre successfully undertook work for a local cardboard carton making firm who were kind enough to take great interest in our trainees. This work involved the disassembly of cartons which had been wrongly made at the factory, and preparing them for re-making ; the re-packing of cards, for elastic attachments, which had been wrongly sorted at the factory into batches of 20 bundles with 100 cards in each bundle ; and also the making of wooden pallets for the firm. A boot repairing group was formed from among the trainees at the centre, and a small volume of boot repairing was undertaken for private individuals. In addition, boot repairing, without charge, was undertaken for necessitous persons and assistance with the collection and delivery of these shoes was arranged with the help of the Director of Welfare Services. Groups of trainees at the centre also undertook laundry work, gardening and the salvage of waste materials from Post Office Telephones.

The income derived from these activities amounted to £112 at the end of the year. When it is remembered that both work and training for work were being conducted simultaneously in the centre, this income represents a notable achievement. The Health Committee decided in December that a seasonal payment of £1 each should be made to the trainees at the senior centre from the monies received as a result of their work during the year. The payments elicited many grateful letters from the relatives of the trainees, for in the majority of cases this was their first pay packet. It is hoped that appropriate industrial aspects of the training at the senior centre will be developed further in future years.

Burns Road Junior Training Centre.

The character of the Burns Road Centre changed in February when the older trainees were transferred to the Coventry (Public Health) Senior Centre as previously planned. The classes and timetables were reorganised and the Burns Road Centre became a junior training centre, taking children under the age of 16 years only.

The younger children attending the temporary St. Peter's Centre were transferred and it was now possible to admit to Burns Road all the young children on the waiting list.

The Burns Road Centre (officially opened in March, 1952) was originally designed to accommodate 60 pupils, but towards the end of 1960 approximately 80 children were on the register. It is as well to recall that as long ago as mid-1954 the pressure of the waiting list was such that 75 children were admitted on to the register. In following years the average figure has been in the immediate vicinity of 80. These additional numbers have been willingly accepted by staff, who fully appreciated the excessive stresses and strains with which many unfortunate parents would otherwise have had to contend. The classes perforce have been persistently large therefore, and training and care of the children correspondingly the more difficult. Two staffing innovations were introduced during 1960 : the supervisor was provided with part-time clerical assistance, and the appointment of a general help was made to assist the staff with the toileting of the young children. Both these appointments should permit the staff of the centre to devote more time to the training programme.

When a child is notified as being unsuitable at school under Section 57 of the Education Act, 1944, it is eminently desirable that a place should be made available promptly for the child at a junior training centre. Parental anxiety naturally is increased if the child has to remain at home for long periods. Consequently the policy of prompt admission was pursued throughout the year, although it was realised that the full classrooms at the Burns Road Centre would prevent this being carried out indefinitely. Provision for extending the Burns Road Junior Centre had been included in Health Department estimates for several years. In June, 1960, however, the Health Committee were in a position to go ahead with their requirement and approved a plan for an additional two classrooms. These will be built on the site of the present covered play area and will make available 757 square feet of teaching space. The work, which should be completed early in 1961, should enable the centre to take approximately 90 children. This number will thereby conform the more nearly to intended planning concepts, and the problems of large classes will then be resolved at least temporarily. However, the number of junior training centre places is still inadequate in relation to the anticipated case-load and so a waiting list for junior centre places may recur before 1965, when the building of the second junior training centre is hoped for.

In June, a holiday by the sea for the children was organised by the supervisor of the centre. Over sixty per cent. of the children in attendance at the centre spent a week at the Old Lodge Hotel, Hunstanton. The Health Committee paid the hotel accommodation and out-of-pocket expenses of the staff of the centre accompanying the children on holiday. Certain parents were unable to afford the cost of the holiday but were prepared to allow their children to go. In these cases financial assistance was given by the Coventry Society

for Mentally Handicapped Children, and this society also made a payment which covered the cost of the coach transport for the entire party from Coventry to Hunstanton.

Work Undertaken by Integrated Hospital/Local Authority Mental Health Section during 1960.

1. Removal of patients to hospital, under Lunacy and Mental Treatment Acts, 1890—1930, and Mental Health Act, 1959	154
2. Care and After Care :	
(a) Case Loads of Subnormal and Severely Subnormal	
In Hospital	292
At Home	320
	612
Children in temporary hospital care for short periods during year	14
Patients on waiting list for hospital care at 31st December, 1960..	26
Children in attendance at Training Centres at 31st December, 1960 :	
Junior Centre..	82
Senior Centre..	99
(b) Case Load of Psychiatric Cases	768
Home Visits	685
Out-Patient Clinic Interviews	621
More Intensive Work	129
(c) Special Joint Clinic held with Group Practice at Tile Hill Health Centre	
Interviews	113

In concluding the report, tribute must be paid to Drs. S. W. Gillman and C. Tetlow, the consultant psychiatrists in Coventry, and Mr. A. Gottlieb of the Department of Psychiatric Work at the Central Hospital, Hatton, for their supportive efforts in helping to put into practical operation the previously agreed conception of an integrated hospital/local authority mental health service.

Co-operation with Child Guidance Services

In Circular 3/59 the Ministry of Health pointed out to local authorities that co-operation is essential between the child guidance services and the child welfare services provided by local health authorities under the National Health Service Act. In particular it was suggested that co-operation could be furthered if the child psychiatrist and possibly other members of the child guidance team could give guidance to the medical and nursing staffs of the child welfare clinics on problems such as emotional development and on the early recognition of childhood behaviour defects which the staff may encounter in their regular contact with mothers of young children.

Unfortunately the child guidance service in Coventry was very seriously under-staffed during 1960 and so, little progress has been

made in implementing this circular. During the year a consultant psychiatrist at the Central Hospital, Hatton, continued to work two sessions per week in the local authority clinic. He was supported by one educational psychologist and one social worker employed by the local education authority. The vacancies for educational psychologists and psychiatric social workers remained unfilled throughout the greater part of the year, and attempts by the Regional Hospital Board to appoint a consultant child psychiatrist to work in the clinic did not meet with success.

The child guidance clinic does see and treat pre-school children, but as the school population of Coventry is 50,416 the existing staff of the clinic have not been able to provide as comprehensive a service as they would have wished. The problems of obtaining qualified staff for child guidance work are nationwide and will not be overcome until the facilities for training child psychiatrists, educational psychologists and psychiatric social workers are expanded.

CITY OF COVENTRY
MENTAL HEALTH SERVICES

Scheme approved by the Minister of Health on the 25th July, 1960 for the provision of Mental Health Services under Section 28 of the National Health Service Act 1946 to come into operation on the 1st November, 1960.

1. General

- (a) The proposals in sub-paragraph B are additional to the arrangements already approved by the Minister relating to the prevention of mental illness, the care of persons suffering from mental illness, or mental defectiveness, and the after-care of such persons under Section 28 of the National Health Service Act 1946 ; existing arrangements for carrying out duties under the Lunacy and Mental Treatment Acts, 1890—1930 and the Mental Deficiency Acts, 1913—1938 continue in operation until the relevant sections of these Acts are repealed on dates appointed by the Minister by order under Section 153 of the Mental Health Act, 1959 : the proposals relating to duties under the repealed sections will then cease to have effect.
- (b) The Authority will make appropriate arrangements for the provision of services to meet the needs of the mentally disordered living in the community and will make the services known to and available to those who are in need of them. In particular they will provide, or cause to be provided, Junior Training Centres, Adult Training Centres, Sheltered Workshops, Home Training, Residential Accommodation, Day Centres, Social Clubs and a Home Visiting Service.

2. Organisation and staff of the services.

- (a) The following is, in outline, a description of the existing organisation and staffing arrangements :
 - (i) The Health Committee (which acts with a large measure of delegated powers), has appointed a Mental Health Sub-Committee. A Consultant Psychiatrist employed by the Birmingham Regional Hospital Board is invited to attend all meetings of the Mental Health Sub-Committee in an advisory capacity.

The Medical Officer of Health is responsible to the Authority for the organisation and administration of the Mental Health Services.

 - (ii) The Authority have approved in principle schemes for the training of psychiatric social workers and of mental welfare officers. No staff are at present in training, but there are vacancies for trainees on the existing establishment of the service.
 - (iii) The Authority's staff co-operate with the staff of the Central Hospital, Hatton, Warwickshire. A member of the Health Committee is a member of the South Warwickshire

Hospital Group (No.14) Management Committee responsible for the Central Hospital. The Medical Officer of Health is a member of the Sub-Committee for Mental Health of that Committee.

(iv) The Senior Mental Health Officer (a qualified psychiatric social worker) conducts, under the immediate direction of a Consultant Psychiatrist and the general supervision of the Medical Officer of Health, a weekly open clinic in association with the general practitioners practising at the Tile Hill Health Centre. Direct contact is also maintained with individual general practitioners for the purpose of discussing problems of their patients.

(b) In addition to the existing arrangements, the Authority expect to increase their staff employed in the Mental Health Service, and in particular intend to appoint a sufficient number of officers to act as mental welfare officers under the Mental Health Act, 1959, from such dates as the relevant provisions of the Act come into operation. The following additional arrangements are contemplated for strengthening links with hospitals, general practitioners and other agencies and for the provision of services through voluntary bodies or the agency of other local authorities :

- (i) The Authority have under contemplation much closer working arrangements with the hospitals in relation to the use of psychiatrists, psychiatric social workers, and other mental welfare workers on the staff of all the authorities concerned. The details of any such arrangements, including the financial aspects, yet remain to be discussed and agreed with the hospital authorities concerned.
- (ii) Discussions are proposed with the Local Executive Council in order to bring about a closer working arrangement with the general practitioners. In particular, subject to the success of the weekly open clinic above referred to, it is proposed to extend in agreement with the general practitioners concerned the holding of such clinics.
- (iii) It is not envisaged at present that services will be provided by other local authorities, but the Authority would wish, as the needs may require, to provide services by way of the provision of accommodation or otherwise through the agency of voluntary bodies and other local authorities.
- (iv) Consideration is also being given to the institution of further staff training schemes (providing for both in-service training in the Authority's service and the undertaking of courses at appropriate educational institutions), with a view to providing an adequate number of appropriately qualified social workers associated with the Mental Health Services. The Authority will also take any other measures which may be necessary to ensure that their staff of all grades are adequately trained and/or qualified.

3. Junior Training Centres.

(a) The Authority provides one junior training centre which is non-residential, for the care and training of mental defectives in the under 16 age group. This centre has 68 children on the roll who attend five days a week between the hours of 9.30 a.m. and 3.30 p.m. No formal arrangements have been made with voluntary bodies to provide any service for these children.

The children are transported to the centre in special buses under a contract with a private firm. They are supervised during these journeys by escorts who are employed for this purpose by the Authority. Lunch is provided at the centre for all children in attendance. The centre has its own kitchen and domestic staff, and a caretaker/handyman assists with the maintenance of the building.

(b) The Authority will extend the junior training centre during the financial year 1960/61 and will provide further junior training centre accommodation should this prove necessary in the future. The services extant will be varied in order to meet the requirements of any expanded service. The Authority intend to provide medical inspections and dental inspections and treatment generally.

4. Adult Training Centres.

(a) The Authority have recently opened an adult training centre. This centre provides training facilities for 120 persons in the 16 and over age group. Persons below the age of 16 are admitted to this centre when they are ready mentally to undergo more advanced training. The centre is open five days a week between the hours of 9 a.m. and 4 p.m. There are at present approximately 93 persons in attendance.

The persons are transported to the centre by special buses under a contract with a private firm. Supervision during the journey is carried out by escorts who are employed by the Authority for this purpose. The centre has its own kitchen and domestic staff, and lunch is provided for all persons in attendance. A caretaker/handyman assists with the maintenance of the building.

No arrangements have been made for voluntary bodies to provide any service in connection with this centre.

Boot repairing, woodwork, needlework, domestic science and laundry work are amongst the activities now available at this centre.

(b) The Authority have no waiting list for the adult training centre but will make further facilities available should the need arise. The services which are extant will be varied in order to meet the requirements of any expanded service. In particular, the Authority may wish to extend the facilities by way of the provision of sheltered workshops or by way of making other appropriate arrangements for employment. The Authority intend to provide medical inspections and dental inspections and treatment generally.

5. Residential Accommodation.

- (a) The Authority do not at present provide any residential accommodation for mentally disordered persons.
- (b) The Authority have approved schemes for the provision of residential accommodation for sub-normal and severely sub-normal persons and for the provision of hostels for persons who are mentally disordered and who do not need the services and resources of a hospital.

It is proposed to establish in 1960/61 a residential hostel for approximately 50/60 adult sub-normal and severely sub-normal persons, and in 1961/62 the first of a series of hostels for persons who are mentally infirm as aforesaid.

In addition to their present arrangements for short-term care the Authority are considering proposals for the provision of a short-stay home for sub-normal and severely sub-normal children under the age of 16 years. The Authority are also considering proposals for a residential hostel for young people to cater for breakdowns during the difficult period of adolescence and also for a proportion of the discharges from a Local Education Authority hostel for the maladjusted.

The Authority will provide other residential accommodation (including holiday accommodation) or will vary the proposals at present under consideration for residential accommodation according to the needs of the service, and may co-operate with or assist any voluntary organisation or local authority or otherwise in the provision of such accommodation.

The Authority will also, as may be required, make arrangements for the attendance at training centres, or at work in ordinary or sheltered employment, of persons provided with residential accommodation.

6. Home Training.

- (a) No home teachers or "group" teachers are employed.
- (b) The Authority will make provision for home training as necessary.

7. Day Centres, Social Clubs and other activities.

- (a) The Authority conducts social evenings for the mentally disordered at the existing training centres. No formal arrangements are made with any voluntary body in connection with these activities.
- (b) The Authority propose to provide suitable day centres and social clubs and other activities as the need arises, and may co-operate with or assist any voluntary organisation or local authority in making such provisions.

8. Home Visiting Services.

- (a) There is a community care service in existence in Coventry, and trained staff under the direction of the Medical Officer of

Health regularly visit the homes of the mentally disordered. After-care facilities are offered to persons discharged from hospital who wish to avail themselves of this service.

(b) The above arrangements will be expanded in any way which experience may show to be necessary or desirable in the future, and in particular, in discussion with the appropriate hospital authorities, efforts will be made to provide for the combined use of hospital and local authority social worker staff.

9. **Guardianship.**

The Authority undertake to exercise their functions under the Mental Health Act, 1959, in respect of persons placed under guardianship, whether under that of the Authority or of other persons, when these replace the functions under existing legislation.

REMOVAL TO SUITABLE PREMISES OF PERSONS NEEDING CARE AND ATTENTION

(Section 47, National Assistance Act)

On the 8th June, 1960, it was necessary to invoke the above compulsory powers for the removal of an elderly woman to care in High View Hospital. The following are the details :—

Miss K. T. (75 years)

This woman was in urgent need of hospital care, but in spite of the efforts of her doctor, the Deputy Medical Officer of Health and the Welfare Officer she was unwilling to leave her own home. She had been found in a collapsed condition on the floor of her Council flat and was confined to bed incontinent and unable to even stand on her feet without pain. After a brief examination — the patient was not very co-operative — both doctors signed a certificate to the effect that the woman's immediate removal to hospital was essential in her own interests.

A Justice of the Peace was asked to make the necessary Order and after visiting the case and receiving the doctors' certificates, he was satisfied that Miss T., being aged, infirm and physically incapacitated, was living in insanitary conditions and was unable to devote to herself, and was not receiving from any other person, proper care and attention. He thereupon made the necessary Order for compulsory removal and Miss T. was admitted to High View Hospital at 8.15 p.m. on the 8th June, 1960, where she was still a patient on the 31st December, 1960. It was found unnecessary to apply for an Extended Order since the patient was willing to remain.

There were one or two other cases of persons requiring care and attention who in the first instance refused to avail themselves of such facilities as the Hospital or Welfare Department was able to provide or to make available, but eventually they were prevailed upon to enter suitable premises, without the necessity of invoking compulsory powers.

PUBLIC WATER SUPPLY

I am indebted to the Water Engineer and Manager for the following information as to the city's water supply :—

		1959	1960
Houses with water supply laid on ..		91,566	93,517
Houses supplied by standpipe or similar means		1,021	921
Population supplied direct		283,398	288,627
Population obtaining mains supply by standpipe or other means (not direct)		3,063	2,763
Total population supplied ..		286,461	291,390

The supply has been satisfactory both in quantity and quality for all essential purposes.

The appendix given below contains information as to the frequency of bacteriological and chemical examinations of water from the various sources of supply.

The waters are not liable to have plumbo-solvent action.

Chlorination is applied at all sources of supply but certain underground supplies are treated with a marginal dose only.

	<i>Samples from</i>	<i>Frequency of Examination</i>	<i>Laboratory</i>
Bacteriological Examinations	All underground supplies, Strensham, and bulk supply from Birmingham	Twice weekly Fortnightly	City Laboratories Service, Coventry. Coventry Public Health Laboratory
	Strensham	Treated water Daily All stages including inlet and outlet Bredon Reservoir — weekly	City Laboratories Service Laboratory at Strensham ,,
	Distribution System	8 samples each week	City Laboratories Service, Coventry.
	New & repaired mains, consumer complaints, etc.	As required	,,
Chemical Examinations	All underground supplies, and bulk supply from Birmingham	Fortnightly Full chemical and mineral analyses — periodically	,,
	Strensham	Treated water and all stages — partial analysis — daily Full analysis, water sampled at Meriden — weekly Full analysis, all stages through works — monthly	City Laboratories Service Laboratory at Strensham City Laboratories Service, Coventry. ,,

CHEMICAL AND BACTERIOLOGICAL ANALYSES 1960

PUBLIC SWIMMING BATHS

1. The **Livingstone Road Swimming Bath**, Foleshill, which is Corporation owned, is 90 ft. long by 35 ft. wide, and holds 140,000 gallons of water. It slopes gradually along its main length from a depth of 3 ft. 6 ins. at the shallow end to 7 ft. and thereafter more sharply from 7 ft. to 10 ft. deep at the opposite end for purposes of high diving.

The baths water is derived from the mains supply and is changed once per year towards the end of December. The method of treatment is by the super-chlorination system which is controlled to give 1 to 1.5 parts of free available chlorine per million of water, and this is introduced in conjunction with alum and caustic soda coagulants so as to produce an equal balance and eliminate excessive acidity. The Ph of the water is controlled at 8 so far as possible. The baths water undergoes complete filtration every $2\frac{1}{2}$ hours and this is achieved with the use of two Worthington-Simpson centrifugal pumps working in conjunction : there is a third pump as a standby. The chlorination equipment is by Wallace & Tiernan (i.e. 'V' notch chlorinating plant) capable of controlling chlorine input from zero to 75 lbs per hour.

A Wallace & Tiernan chlorine residual recorder is used in conjunction, which records by continuous chart throughout the day while the plant is working the amount of free available chlorine in the water.

General : Footbaths and showers are provided both for the male and female cubicles and there is also a footbath leading from the cubicles to the baths through which bathers must pass : this latter facility following previous discussions between the Baths Superintendent, Mr. A. Sharples, and the Medical Officer of Health. This footbath is impregnated with a calculated amount of copper sulphate as a measure of control against the spread of contagious foot conditions.

Toilet and sanitary facilities are available as follows :—

Two toilets and wash hand basins in the female cubicle rooms and two toilets and stalls in the male cubicle rooms. There are also two toilets and four wash hand basins in the staff ladies' cloakrooms and two toilets and three wash hand basins in the staff men's cloakrooms. In addition there are two toilets and wash hand basins elsewhere for staff.

Twenty-five slippers baths for males and fifteen for females are also available.

Laboratory Analyses.

During the year 6 samples were taken and submitted for chemical and bacteriological report and these proved satisfactory in all instances.

2. Gosford Park Swimming Pool. This is a privately owned open-air swimming pool (Manager Mr. E. Rainbow). It is a 'T' shaped pool with a capacity of 300,000 gallons derived from mains supply. The water is changed once per season in April, pool water being pumped to waste into the sewers. The top part of the 'T' shape is 40 yards long by 18 yards wide, whilst the lower limb is 36½ yards long (overlapping the top 'T' section) by 18 yards wide. Water varies in clearly marked depths from 2 ft. 6 ins. to 4 and 5 feet, with a 10 ft. deep section for diving at the west side of the top 'T' section. Paddling pools are provided at the south side of the pool.

Treatment of the water is by the break-point chlorinating system to give a concentration of 1.6 parts chlorine per million parts water. The chlorination equipment used is that supplied by Wallace & Tiernan (Type M.S.V.). There are two turnover filters (Belfast), one of which is capable of filtering the entire pool water in 7 hours, but when both are used then the time is reduced to 4 hours.

General.

Ample space is provided for spectators all round the pool. Showers and foot sprays are provided in ablution rooms both on the female and male sides adjoining the cubicles, together with 3 indoor toilets on the female side and 2 indoor toilets and stall on the male side. There are likewise two external toilets on the female side and two external toilets and stall on the male side.

Laboratory Analyses.

During the year 9 samples were taken for chemical and 7 for bacteriological analyses. All proved to be satisfactory. (N.B. Further details of analytical results are included at page 146. These also include details of sample results taken at various school swimming baths).

SEWERAGE & SEWAGE DISPOSAL

The City Engineer has proceeded with the design and construction of a number of large schemes contained within the City Council's Main Drainage Capital Works Programme. This Programme covers the virtual re-drainage of much of the City and is occasioned by the inadequacy of some existing trunk and intercepting sewers due to the phenomenal development that has taken place. Large scale extensions to the Sewage Treatment Plant at Finham have also been carried out and the design of a further fourth extension, valued at £1½ million was submitted to the Ministry of Housing and Local Government and has now received approval in principle. Due to the increasing population of the drainage area this work has a high priority in the development of the City.

Because of their small size the dilution in the Rivers and Streams serving the area is not large. It is, therefore, necessary to treat Coventry's sewage to a higher standard of purity than usually met with in this Country. A rapid gravity sand filtration unit was built

during 1960 at Finham to reduce the suspended solid content of the effluent entering the River Sowe and subsequently the River Avon.

The small dilution available causes an additional problem in the design of the main drainage system with particular regard to storm overflows. In the new drainage pattern it is intended to eliminate as far as possible all direct overflows from foul water sewers and to construct a number of regional storm water stations.

COVENTRY CREMATORIUM

The Canley Crematorium, which is owned and operated by the Parks and Cemeteries Department of the Corporation, continued efficiently to fulfill its role in the hygienic disposal of the dead. The Medical Officer of Health as Medical Referee has the assistance of the Deputy Medical Officer of Health and his two senior Medical Officers as Deputy Medical Referees.

The figures for 1960 (with comparative figures for preceding years), were as follows :—

	1960	1959	1958	1957	1956	1955	1954
Total cremations	1,992	1,762	1,679	1,688	1,651	1,563	1,394
Coventry residents	904	849	814	734	735	845	678
Residents of other areas	1,088	913	865	954	916	718	716

It is again the fact that for 1960 the number of cremations taking place at the Coventry Crematorium greatly outnumbered (as in 1959) the number of burials (1,428) occurring in the city.

HOSPITALS

The hospitals and annexes in the city under the control of the Hospital Management Committee (Group 20) of the Birmingham Regional Hospital Board remain as follows :—

The Coventry & Warwickshire Hospital
 Gulson Hospital
 Whitley Hospital
 Paybody Orthopaedic Hospital and Clinic
 The Board issues its own printed report.

SUPERANNUATION EXAMINATIONS

Medical examinations for superannuation purposes, initial entry into Corporation service, prolonged sickness, retirement, etc., commenced in the Health Department on 10th November, 1952, and from that date onwards, 8,899 examinations have been carried out by the departmental medical staff, as follows :—

	11.11.52 to 31.12.53	1954	1955	1956	1957	1958	1959	1960
SUPERANNUATION SCHEME.								
Entrance into Superannuation Scheme	335	360	534	606	552	374	194	203
Prolonged sickness or retirement	30	34	29	23	16	43	28	24
Fitness to resume work	11	27	8	31	28	9	51	28
NON-SUPERANNUATION. ..								
Initial entrance examination to Transport Department ..	574	577	640	484	327	257	316	424
Prolonged sickness or retirement	42	23	11	5	—	1	9	12
Routine re-examinations	31	50	27	43	57	107	111	117
FIRE SERVICE EXAMINATIONS.								
Admission to Fire Service Pensions Scheme	48	93	9	20	18	23	31	26
Prolonged sickness or retirement	4	5	1	3	4	1	1	4
Other medical examinations for non-superannuated posts, etc.	1	10	17	18	13	3	12	6
SUNDRY.								
Sundry and other examinations for non-superannuated posts in Corporation Service	2	2	9	4	16	100	229	343
TOTALS	1,078	1,181	1,285	1,237	1,031	918	982	1,187

**WORK OF THE PUBLIC HEALTH INSPECTORATE
DURING 1960**

Report of the Chief Inspector

**R. WILLIAMS, O.B.E., D.P.A., F.R.S.H., F.A.P.H.I., M.I.P.H.E.
(died 9th October)**

Deputy Chief Public Health Insp.		E. A. Johnson, M.A.P.H.I.
Senior Food and Drugs Inspector		H. Ellis, M.A.P.H.I.
Senior Meat Inspector	.. ..	L. Vivian, B.Sc., M.A.P.H.I. (died 3rd May).
		L. Himsworth, M.A.P.H.I. (from 1st June).
Divisional Inspector (South)	..	T. E. Willmott, M.A.P.H.I.
Divisional Inspector (North)	..	D. C. Norcliffe, F.A.P.H.I., M.R.S.H., M.I.P.H.E.
Senior Housing Inspector	..	R. D. Hayne, M.A.P.H.I., A.R.S.H.
Food and Drugs Inspectors	..	H. Lenton D. H. Evans B. McCutcheon
District Food and Meat Inspectors		J. E. Saunders G. L. Morris J. Lowe R. Crow, B.Sc. (to 31st March) W. D. H. Kear J. N. Marshall J. Harrison R. G. Puffitt (from 1st July). D. J. Wilson
Assistant Housing Inspectors	..	B. A. Seal E. Weare D. W. Wrighting
Student Inspectors	.. ..	A. G. Harrison E. W. Wright J. B. Simpson J. P. Higgins J. W. Stranks W. L. Spence M. J. Skinner M. J. Wright (from 1st Sept.). R. D. Wagstaff (from 1st Sept.)
Disinfector	.. .. ..	E. J. Gibson
<i>Clerical Staff :</i>		
Chief Public Health Inspector's Sec.		Mrs. M. D. Butterfield
Shorthand Typist	.. ..	Miss P. A. Baughen
Group Clerks	.. .. ..	Miss E. M. Brown Miss L. A. Wheatley Mrs. H. M. Abel Mrs. P. G. Vivian (from 1st Sept.) Mr. J. L. Green
<i>Rodent Control Staff :</i>		
Rodent Officer	.. ..	W. J. Brown
Rodent Operatives	.. ..	A. Baker, W. Head A. Smith (from 2nd May).

Mr. B. D. Allen took up his post as Chief Public Health Inspector for Coventry in March, 1961, and at this time of writing, I wish to say how much I look forward to working in conjunction with him in the overall health interests of this city,

Mr. Allen writes as follows concerning the work accomplished by the Public Health Inspectorate during the year 1960 :—

In presenting this report, I have to state that insofar as the work during 1960 is concerned, it has merely been my function to collect detail regarding the work of the Department, to collate, summarise and comment on it in the form of this report. The responsibility for the work done during 1960 was that of the late Mr. Williams, who was your former Chief Public Health Inspector.

This report, therefore, forms the record of the work in Coventry for the last year of the life of Mr. Ronald Williams. His sudden death in 1960 so far as his life as a public official was concerned removed in a tragic manner one of the leading figures in the world of the Public Health Inspector. The loss was two-fold. Firstly that of Coventry, who lost a Chief Inspector of outstanding ability, and secondly the Public Health Inspector, as a professional man, who lost an unrivalled champion for his cause and position in the public health world. It is impossible in the few short lines of a report to estimate fully the impact that Ronald Williams made in the sphere of environmental hygiene. His grasp of his subject was great, and his capabilities as an inspector were equal to it. He will long be remembered for the great work in the field of public health inspection that he opened up, and it will long be regretted that he did not live to complete his scheme of it.

It is with deep regret that I have also to record the death in the early part of the year of Mr. L. Vivian, the Senior Meat Inspector at Coventry for the past eight years.

In reviewing the work of 1960, detailed in this report, it can be said that the year was one of continued progress. None of this could be called spectacular, but without doubt it was notable, giving added measure to the environmental health services in the City of Coventry.

The increased work given to the environmental health services in the form of new legislation continues year by year, and during 1960 we saw the addition of several new statutes which increased the work and responsibilities of the Public Health Inspectorate.

A significant occurrence during the year was the announcement by the Public Health Inspectors Education Board of the syllabus for the new four year training course. This is an achievement of the highest order, in relation to the theoretical and practical training leading up to the final Diploma of the Board, which will qualify for appointment as Public Health Inspector in England and Wales. A tremendous amount of work has gone into the reorganisation of the examination syllabus of the qualifying examination, and here must be mentioned the work done by the late Mr. Williams over many years to achieve this training course.

This new four year training course, based upon a paid pupilage, will, in the future, provide a well trained Public Health Inspector, who should be a credit to the Local Government service. One aspect of this new training course must not be overlooked, and that is, as the old course of training runs down, the flow of new Inspectors will diminish until 1964, when the first of the Diploma examinations under the new syllabus will be held. This may mean that for a short period vigorous County Boroughs, eager to recruit additional staff, may find that their demands for staff are more difficult than ever to meet until the normal flow of newly qualified Inspectors reaches the usual proportions in some three or four years' time.

During 1960 work under the Public Health Acts has continued at a steady pace. During the course of the year some 5,224 complaints were received in this Department. This is a large number, and means that over 5,000 people either visited this Department or wrote in a letter referring to the Department some matter in which they believed the state of public health was being affected. Each complaint required on an average five visits before it was resolved. The effect of this heavy load of matters brought to our notice by the public means that with the present staff numbers it is almost impossible to carry out routine or systematic inspection of the City. The complaints cover the whole city, and as every effort is made to deal with each one as soon as possible, it means that inspectors are travelling large distances. An increase in staff, so that the size of districts could be reduced, would pay better dividends in inspector working hours.

Work has continued under Housing and Rent Acts, but most of this work relates to the inspections of property in relation to improvement grants. Coventry's clearance programme presents distinctions from those of most other towns in that the unfit properties are nowhere found in any great numbers. Usually they are scattered and in small blocks, being intermingled with better houses. In a city where land for building development for housing purposes is desperately short, clearance work has, as far as possible, to be matched with planning and redevelopment. However, this is not always possible, as sometimes the worst housing conditions are not found in the place which it is possible for the planners to arrange for the redevelopment within a short period. Whilst this may lead to a temporary divergence between the planning and slum clearance programmes, it must be resolved by bearing in mind that in those cases where rehousing considerations, in the interests of the health of the occupants of the houses, are of vital interest to their welfare, then in these instances clearance and demolition of the unfit houses must be done as soon as possible.

Houses let in lodgings, or, to use the new term "multi-occupation," still present a problem, and as yet the survey of the situation in Coventry has not been completed. It is hoped that the new Housing Bill before Parliament at the time that this is written will give to Local Authorities powers badly needed to deal with this problem. It has been said in some quarters that houses in multi-occupation are not a serious problem. With this opinion I disagree

profoundly, as in a city such as Coventry when work is plentiful and wages are high, the continual inflow of immigrant workers tends to be "packed" into small and unsuitable accommodation. This is particularly so in relation to certain workers from various parts of the Commonwealth.

The applications for improvement grants show a satisfactory figure, but it must be stressed that more could be done to improve much of the existing housing accommodation. Perhaps one day such "improvement" work will be compulsory in property with the required period of "life." The level of work under the Rent Act has continued to fall, and now appears to have reached an even level.

Work has continued during the year under the Food and Drugs Act, and in relation to sampling duties the report shows a considerable variety of samples and the action taken in the case of those reported unsatisfactory. I would call special attention to certain of the points in that part of the report dealing with this subject. During the year, 1,828 samples of food and drugs were taken. Of that number 1,663 were reported by the Public Analyst as genuine, and 165 as unsatisfactory. From these figures, it will be seen that just over nine per cent. of all samples of food and drugs were reported as unsatisfactory. This is truly a high figure for this year of grace.

In October, 1960, the Food Hygiene Regulations were issued in amended form. Without a doubt these Regulations show considerable improvement upon the previous ones, but one is still left with the feeling that much more could have been done to have made these Regulations the power in our food industry and trading that they should be. In spite of all our progress in the manufacture of new wrapping materials for food, printed material (which includes newspaper) under these regulations can still be allowed as an outer wrapper for food, provided it does not come into contact with the food. It can even be used as the sole wrapper for uncooked vegetables. The only requirement is that it shall be clean, but who can judge its cleanliness if it is second hand (as most of it is), and who is to know whose cat and what dog has lain on it or carried it in its mouth? It can only be judged on appearance. What vegetable merchant, after washing his potatoes, considers any wrapping material suitable save a new polythene bag? How far are we from the day when the sale of unwashed and unpacked root crop vegetables will be forbidden from retail food shops?

Food hygiene must remain one of the main fields of the Public Health Inspector's world. It is a field of work where, sad to relate, very few of the food workers receive any practical training, and all too often managers and supervisors of food selling and food preparing premises have had little or no training in their work. The tendency for people to move freely in and out of many industries may have benefits to the worker and in some cases to the industry. However, in relation to the food trades, (the conduct of which on sound principles is of such great necessity for the health of the people, because, of course, all must eat food), movement from the other

retail trades into the food trades and out again does not produce benefits either to the food trader, the food worker, or society. The shortage of trained food workers is in my opinion deplorable. Pressure of work often in a busy shop is such that the manager, when faced with the problem of new staff, cannot do other than say "this counter is your work, get on with it." Very little knowledge of the food trade concerned; no instructions in relation to food hygiene and the reasons for hygiene are given to the worker. This is of national concern, and all too often the Public Health Inspector, in carrying out his duties under the Food Hygiene Regulations, is met with the response "I did not know," "I have not been told," "I have not heard of the Food Hygiene Regulations." Responsibility for these shortcomings must rest upon many people, including the Local Authorities. Every effort must be made to improve the standards, and this can be done by training courses, and here employers must play their part by allowing staff time to attend lectures during working time. Public Health Inspectors must seize every opportunity to give instruction on food hygiene, and it should be part of the future work of a Public Health Inspectors' Department to include an established post for health education work, with particular reference to food hygiene work.

In relation to meat inspection during the course of the year, I am pleased to report that 100 per cent. meat inspection has been attained throughout the year. During the year 159,234 animals were slaughtered at the abattoir. Every one was inspected by the meat inspection staff before any were released for human consumption. This represents an immense amount of work, and it is work that goes on every working day of the year. Often unsung and with very little shout or noise. It is work done often under difficult conditions and long working hours due to too few "hands" to do it. This work is vital to public health.

The Slaughterhouse Report, as required under the Slaughterhouses Act, 1958, has been forwarded to the Ministry in connection with the alterations and improvement services required at the abattoir.

Another major portion of the work of the Department relates to atmospheric pollution, and during the course of the year many problems in relation to industry were dealt with. With regard to smoke pollution from industry, it is fair to say that industry is in many instances helping the Public Health Inspector to solve the problems in relation to the combustion of fuel. Unlike the domestic consumer, industry's fuel bills take up a large proportion of its manufacturing costs. Thus, to burn fuel inefficiently causes waste which can adversely affect industry in a world market where competition is becoming increasingly keen. The industrialist, therefore, seeks methods of getting the greatest value from his fuel, and in so doing generally helps to reduce the problem for the Public Health Inspector in relation to the emission of smoke from that plant.

The householder, where fuel forms a much lower portion of his annual expenditure, is not so concerned with economics. This in

itself is a tragedy, for in a city such as Coventry, where there are some 80,000 dwellings, only 10 burning fuel inefficiently with the resultant emission of smoke cause very little loss, and perhaps only a small problem from the point of atmospheric pollution. When the greater part of the 80,000 burn it wastefully, and without thought as to the effect on the atmosphere, the result can be seen in the smoke haze that overhangs this city on cold November or December days. The burden on health is incalculable.

In October, 1960, the Ministry announced the confirmation of the first two smoke control areas in Coventry under the Clean Air Act, 1956. These are in addition to the small smokeless zone that was established in Coventry under the private Act of 1948. Although these two new areas will not come into operation until September, 1961, it is a step in the right direction, and this Department can now go ahead steadily with the work of extending the area of smoke control, so that by the end of a decade all of Coventry can be a smoke control area.

The Warwickshire Clean Air Council, of which Coventry is a member, has continued as a consultative and advisory body in relation to the work of the Clean Air Act. This Council consists of some twenty Local Authority members, and is a most useful form of co-operation in the problem of clean air, which unfortunately knows no boundaries. The Local Government boundary does not necessarily mean the end of a smoke pollution problem. Smoke knows no boundaries, and all too often one can sit in one's neighbour's "fug." The Warwickshire Clean Air Council is a method of co-operation between Local Authorities that can do much to relieve problems of smoke pollution that affect more than one Authority.

Two important statutes that were passed during 1960 were the Noise Abatement Act and the Caravan Sites and Control of Development Act.

The first one gives powers for certain noise and vibration nuisances to be dealt with as statutory nuisances. This is a valuable addition in the sphere of environmental health, but it must be regarded somewhat cautiously, as it has to be remembered that the Act does not create a new area of nuisance in relation to noise, it only provides the Local Authority with a statutory procedure for dealing with it.

The Caravan Sites and Control of Development Act gives valuable new powers in relation to caravans. The Act deals with the planning aspect, licensing of sites, and the conditions (standards) to be imposed in the licences.

I have pleasure in recording the valuable assistance given to me in compiling this report by my Deputy (Mr. Johnson) and the other senior officers, and the co-operation that has been received from other departments of the Corporation.

NEW LEGISLATION

Enactments which extended the functions of the Department, and which came into operation during the year were :—

The Meat (Staining and Sterilisation) Regulations, 1960.

These regulations, which apply in England and Wales, came into force on the 1st November, 1960, and require all butchers' meat and imported meat which is unfit for human consumption to be sterilised, and all knacker meat to be stained or sterilised before entering the chain of distribution. Provision is made whereby zoos, menageries, mink farms, trout farms and processors may obtain such meat unstained and unsterilised, if it is transported in locked containers or vehicles. Supplies of meat to hospitals, medical or veterinary schools or similar institutions for instructional or diagnostic purposes, and to manufacturing chemists for the manufacture of pharmaceutical products are not affected by these regulations. The different categories of meat are defined.

Food Hygiene (General) Regulations, 1960.

These regulations came into force on the 1st October, 1960, and consolidate and amend the Food Hygiene Regulations, 1955 to 1957. They extend the regulations to food businesses carried on from home-going ships and moored vessels.

Food Hygiene (Docks, Carriers, etc.) Regulations, 1960.

These regulations prescribe requirements to secure hygienic handling of food at docks, warehouses, cold stores, carriers' premises, and a number of other special types of premises which were excluded from the scope of the Food Hygiene Regulations, 1955. The regulations follow the pattern of the Food Hygiene (General) Regulations, 1960, with adaptations to take account of the circumstances in which food is handled at those places.

Public Health (Infectious Diseases) Amendment Regulations, 1960.

These regulations, which came into operation on the 1st December, 1960, include anthrax with the diseases which were made notifiable by the Public Health (Infectious Diseases) Regulations, 1953. By these regulations, any medical practitioner attending on or called to visit a patient suffering from anthrax is required to send notification to the Medical Officer of Health.

The Arsenic in Food (Amendment) Regulations, 1960.

These amending regulations came into operation on the 14th December, 1960, and increase the maximum amount of arsenic permitted in brewers' yeast intended for use by manufacturers in the manufacture of yeast products from 2·0 to 5·0 parts per million.

Milk (Special Designation) Regulations, 1960.

These regulations consolidate and re-enact with amendments the Milk (Special Designation) (Raw Milk) Regulations, 1949 to 1954, and the Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949 to 1953. The principal changes are that dealers' licences will in general be granted by the food and drugs authority for the area within which are situated the premises at or from which the milk is to be pasteurised, sterilised or sold. Supplementary licences are to be discontinued. Dealers' pre-packed milk licences are introduced and licences are extended from one to five years. Provisions are also made in respect of charging for samples ; the running of herds with other attested cattle ; storage of tuberculin tested milk ; sealing of containers ; also sampling and methods of testing milks which are specially designated.

The Skimmed Milk and Non-Milk Fat Regulations, 1960.

These regulations came into operation on the 19th September, 1960, and apply to England and Wales only. They impose requirements as to the labelling and advertising of certain specified foods which have the appearance of milk, condensed milk or dried milk, and which contain skimmed milk and non milk fat. They exempt the food specified in Part I of the Second Schedule from the requirements to bear on the label the declaration "Unfit for babies" (or the permitted alternatives) provided the composition of the food is as prescribed in Part II of that Schedule. They also prohibit (subject to certain savings) the labelling or advertising of the specified foods and beverages containing skimmed milk in a manner suggestive of milk or anything connected with the dairy interest. In addition they provide that the Condensed Milk Regulations, 1959, and the Public Health (Dried Milk) Regulations, 1923 to 1948 shall not apply to any specified food.

Caravan Sites and Control of Development Act, 1960.

This Act came into force on the 29th August, 1960, and confers upon local authorities powers for controlling caravan sites. As well as strengthening the powers of planning authorities, it introduces a new licensing system, which will be administered by county borough and county district councils. The Act aims at a good standard of site layout, and intends that sites shall be properly equipped and run. Moreover, this statute gives for the first time powers to specify standards with respect to the layout of, and the provision of facilities, services and equipment for, caravan sites or particular types of caravan sites. The Minister has, by virtue of the Act, specified model standards to which the local authority is required to have regard in deciding what (if any) conditions to attach to a site licence.

Noise Abatement Act, 1960.

This Act, which came into operation on the 27th November, 1960, makes new provisions in respect of the control of noise and vibration with a view to their abatement. This is a short Act,

containing only five sections. Noise or vibration which would amount to a nuisance at common law becomes a statutory nuisance, dealt with under Part III of the Public Health Act, 1936. Apart from action by a local authority, three or more occupiers of land or premises who are aggrieved by a noise or vibration nuisance, may make a complaint to a magistrate. The Act does not apply to aircraft nor statutory undertakers in the exercise of their powers. In the case of noise or vibration caused in the course of a trade or business, it is a defence in any proceedings to show best practicable means have been taken for preventing it or counteracting its effect. The act also deals with the use of loudspeakers in streets. It prohibits their use for any purpose between 9.00 p.m. and 8.00 a.m., except in special circumstances. Other restrictions are imposed on loudspeakers with a view to preventing annoyance.

MEAT INSPECTION

Classified summary of inspections carried out by Meat Inspectors.

Ante and post mortem examinations of animals slaughtered 159,234
Post mortem examinations of animals dead on arrival or in

lairs	..	..	..	..	..	..	24
Inspections of country dressed carcasses	..	..	..	..	..	..	6
Re-inspections of home killed meat	..	..	..	..	..	..	57
Detailed inspections of imported meat	..	..	..	..	..	..	104
Inspections of canned meats	..	..	..	..	..	..	55
Inspections of meat carrying vehicles (Food Hygiene Regulations)	..	..	..	..	..	..	2,980
Inspections under Public Health Acts	..	..	..	..	..	..	239

Unsound Food

The total weight of meat and offals condemned at the Abattoir and Wholesale Meat Market was :—

90 tons, 14 cwts. 1 qr. 1 lb.

Meat Inspection.

The number of animals killed during the year showed a decrease of 20% in sheep and 7% in pigs, whilst cattle showed an increase of 5% and calves 30%.

It was anticipated the throughput would be maintained at around 180,000 animals per annum, this figure including 100,000 sheep, but it is now evident that the 1959 figure of 104,091 sheep killed was extra-ordinary and in all probability the result of drought conditions that year. The number of pigs killed continued the fall shown in 1959. However there was a steady increase in cattle and calves.

There have been no changes in the slaughtering hours or in the slaughtering arrangements and killing by private butchers was negligible. The meat inspectors work a two shift system, 7.0 a.m. until 2.30 p.m. and 8.45 a.m. until 5.30 p.m. or until slaughtering has

ceased. This is necessary in order to keep pace with approximately 50 slaughtermen, and because of the layout of the abattoir which requires rapid removal of carcasses and offals from the three slaughterhalls.

100% meat inspection was maintained throughout the year, the results being shown in the following statistics. Apart from the public health aspect, these statistics indicate a serious economic loss to the meat trade which nationally must run into millions of pounds, but until statistics are required in more detail, standardised and collated nationally, it would appear that little positive result can accrue.

SUMMARY OF INSPECTIONS OF SLAUGHTERED ANIMALS COVENTRY PUBLIC ABATTOIR, 1960.

Carcasses and Offal Inspected and Condemned in Whole or in Part

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
No. killed	13,111	7,449	3,745	82,751	52,178
No. inspected	13,111	7,449	3,745	82,751	52,178
<i>All diseases except Tuberculosis and Cysticerci</i>					
Whole carcasses condemned ..	3	11	37	92	48
Carcasses of which some part or organ was condemned ..	4,077	1,601	45	4,117	5,778
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci ..	31.12%	21.64%	2.19%	5.08%	11.16%
<i>Tuberculosis only</i>					
Whole carcasses condemned ..	12	12	2	—	8
Carcasses of which some part or organ was condemned ..	414	212	23	—	632
Percentage of the number inspected affected with tuberculosis	3.25%	3.02%	0.69%	—	1.5%
<i>Cysticercosis</i>					
Carcase of which some part or organ was condemned ..	124	11	—	—	—
Carcasses submitted to treatment by refrigeration	14	—	—	—	—
Generalised and totally condemned	—	—	—	—	—

**Diseases (other than Tuberculosis and Cysticercosis)
Affecting Whole Carcasses**

Disease — Condition	Cattle exclud- ing Cows	Cows	Calves	Sheep	Pigs	Total
Anaemia	—	—	1	3	—	4
Emaciation	—	6	—	57	11	74
Extensive Injuries	—	—	2	1	2	5
Fever	—	—	1	1	12	14
Immaturity	—	—	13	2	—	15
Jaundice	—	—	4	—	—	4
Joint ill	—	—	4	—	—	4
Leukaemia	—	—	—	—	—	—
Malignant neoplasms	—	—	—	1	—	1
Malodour	—	—	1	—	—	1
Moribund	—	1	5	3	3	12
Oedema	1	3	2	6	1	13
Pyaemia	1	—	1	1	2	5
Septicaemia						
(a) Septic Arthritis ..	—	—	—	—	6	6
(b) Septic metritis ..	—	—	—	2	—	2
(c) Septic pericarditis ..	—	—	1	—	—	1
(d) Septic peritonitis ..	1	1	—	2	5	9
(e) Septic pleurisy ..	—	—	—	1	—	1
(f) Septic pneumonia ..	—	—	2	4	1	7
(g) Septic mastitis ..	—	—	—	3	—	3
Swine Erysipelas	—	—	—	—	5	5
Toxaemia	—	—	—	3	—	3
Uraemia	—	—	—	1	—	1
Decomposition	—	—	—	1	—	1
Total		3	11	37	92	48
						191

Diseases and Conditions (Other than Tuberculosis) Affecting Parts or Organs Encountered During Inspection of all Animals During the Year

Disease — Condition	Cattle exclud- ing Cows	Cows	Calves	Sheep	Pigs	Total
Abscess	507	147	8	104	45	811
Actinomycosis-bacillosis	262	28	—	—	1	291
Adenitis	14	3	—	—	—	17
Angiomata	72	453	—	—	—	525
Arthritis	—	—	1	3	49	53
Bacterial necrosis	10	6	1	5	2	24
Bone taint	1	—	—	—	—	1
Cirrhosis-hepatitis	2	—	5	—	1697	1704
Cysticercus-ovis	—	—	—	—	—	—
Ecchinococcus	200	98	—	442	28	768
Emphysema	11	14	—	—	—	25
Enteritis	12	5	—	10	11	38
Fascioliasis	1864	447	1	1813	1	4126
Fat necrosis	2	3	—	—	—	5
Fatty infiltration	5	22	3	40	16	86
Fibrosis	1	1	—	1	—	3
Fractures, injuries, etc.	33	14	5	13	38	103
Haemorrhage	3	1	—	4	—	8
Johne's Disease	46	60	—	—	—	106
Mastitis	—	19	—	1	13	33
Nephritis	7	18	—	3	52	80
Oedema	4	7	—	3	6	20
Parasites, unclassified	495	161	—	1453	12	2121
Pericarditis	80	15	2	26	763	886
Peritonitis	215	139	1	34	337	726
Pigmentation	14	4	2	3	—	23
Pleurisy	197	30	1	54	629	911
Pneumonia	63	17	10	195	3129	3414
Rash	—	—	1	—	17	18
Tumours	2	4	—	4	2	12
Fibro-plastic nephritis	—	—	6	—	—	6
Pre-sternal calcification	—	1	—	—	—	1
Endocarditis	1	—	—	—	—	1
Ringworm	—	—	4	—	—	4
Septic bronchitis	1	—	—	—	—	1

Animal Health

The number of cows killed during the year showed an increase but there has been no decline generally in the quality of animals bought by the wholesalers and butchers. The number of animals found to be totally unfit was 225 out of 159,234 killed which indicates a constant high quality. However, localised affections and conditions are high and the figures, with few exceptions, follow the pattern of previous years. Parasitic conditions are again the cause of most condemnations. Spoilage of bovine livers due to fascioliasis remains high, and round worm infestations of cattle intestines and pig livers are also serious. There was a big increase in the number of hydatid cysts found in bovine and sheep livers and lungs. From 400 cases in

1959 to 768 this year. As man can become the victim of this parasite through infected dogs careful watch is needed on the safe disposal of infected offal. However, it cannot be stated yet whether the increase is a trend or just exceptional for this particular year.

Eradication of Tuberculosis

	Advanced	Non Advanced	Total
Animals slaughtered under the provisions of the Tuberculosis Orders	1	1
Animals slaughtered under the provisions of the Tuberculosis (Slaughter of Reactors) Order 1950	22 353	375

It will be seen from the statistics that this disease is rapidly being eliminated in cattle. On 1st October the whole of Great Britain became attested, and restrictions were imposed on the importation of cattle. Non-attested cattle imported from Ireland for slaughter have to be kept isolated and consigned to certain designated slaughter-houses, Coventry abattoir being one of these.

Of 375 cattle dealt with under the Tuberculosis (Slaughter of Reactors) Order, 12 cows, 8 other cattle and 2 calves were advanced cases and totally rejected as unfit for food. The findings on post mortem inspection in all cases were passed to the Ministry of Agriculture, Fisheries & Food and when requested specimens of certain lymph nodes were collected on their behalf for guinea pig inoculation. None of these specimens were found to be positive on biological test.

Only 3% of cattle were found to be affected with tuberculosis during the year but between 1st October and 31st December this figure was reduced to less than 1%. During this latter period 43 reactors were received, 40 cases of tuberculosis or 5% were found in Irish cattle imported for slaughter, and 7 cases in cattle bought locally. Details of these seven were given to the Ministry for further investigation where necessary. It is to be expected that isolated cases will occur over the next year or two but the end of tuberculosis as a bovine disease is obviously in sight.

Close liaison has been maintained between our meat inspector and the Veterinary officers of the Ministry of Agriculture, Fisheries & Food.

Cysticercus Bovis.

The number of animals found affected was practically the same as that in 1959 and it would appear that this parasite in man and animal is well established. Detection in the carcase and cold storage to kill the cyst cannot by itself eradicate this condition, but enquiries into the origin of affected animals and investigation into sewage disposal could materially assist in breaking the life cycle of this parasite.

Diseases of Animals Acts.

24 animals found dead in lairages or dead on arrival were examined for notifiable disease and in doubtful cases slides were taken for bacteriological tests, but no cases were found during the year.

203 swine fever contacts and 4 foot and mouth disease contacts were dealt with and appropriate disinfection carried out as a precaution.

Wholesale Meat Market

This market, forming as it does, part of the abattoir site, comes under continual supervision of the meat inspectors and the standard of the individual stalls remained satisfactory.

Cleansing arrangements of the market and the abattoir have operated under some difficulty throughout the year due to a chronic shortage of labour for this type of work. It is hoped that new steam and water lines will be installed soon and will prove more efficient and time saving.

A considerable amount of meat inspection is carried out at the market. Some carcases from the abattoir are inspected especially for injuries and bruising, and imported meat and offals are likewise inspected. The amount of meat rejected as unfit for food is listed below.

Abscesses	..	..	278 lbs.
Bone Taint	..	..	1,521 lbs.
Bruising	..	..	838 lbs.
Contamination	..	..	261 lbs.
Decomposition	..	..	2,644 lbs.
Fibrosis	..	..	114 lbs.
Malodour	..	..	15 lbs.
Moulds	..	..	143 lbs.
Rancidity	..	..	20 lbs.
Store burn	..	..	58 lbs.
Tuberculosis	..	..	10 lbs.
Tumours	..	..	5 lbs.
Tyrosin	..	..	294 lbs.
			6,201 lbs.

The amount of meat unfit because of bone taint showed a considerable increase on the 1959 figure. This was in large measure due to a sudden change in the weather one week-end when six carcases of home killed beef were affected. A second chill room is to be provided at the abattoir and this will no doubt reduce the danger of bone taint in home killed meat.

Slaughter of Animals Acts.

No. of slaughtermen's licences	..	62
No. of Mohammedan licences	..	7
No. of new licences issued during the year	..	10

New licences are issued after a period of probation unless the applicant has proof of experience with another Authority.

No action was necessary under the above Acts as regards cruelty to animals and at all times the slaughtermen and stockmen have co-operated willingly with the meat inspectors.

Food Hygiene (General) Regulations 1960.

Frequent inspections were carried out to ensure the maintenance of proper conduct and standards of hygiene by meat handlers, and cleanliness of vehicles. Instruction and advice were given in a few instances and were promptly dealt with by the people concerned.

The Slaughterhouses Act 1958.

The report on the slaughtering facilities in the city was submitted to the Ministry of Agriculture, Fisheries & Food on 7th November, 1960.

Additional steam, water and electric services have been planned to comply with the regulations made under the above Act. In addition mechanical means for removing by-products from the slaughterhalls have been planned to increase the efficiency of the abattoir, taking into account that it is now having to deal with twice the throughput for which it was designed.

To allow for the completion of all the work intended, the date, 1st. April, 1963, has been recommended to the Ministry when all regulations should come into force. It is hoped however, that a substantial amount of the work will be completed long before that date.

General

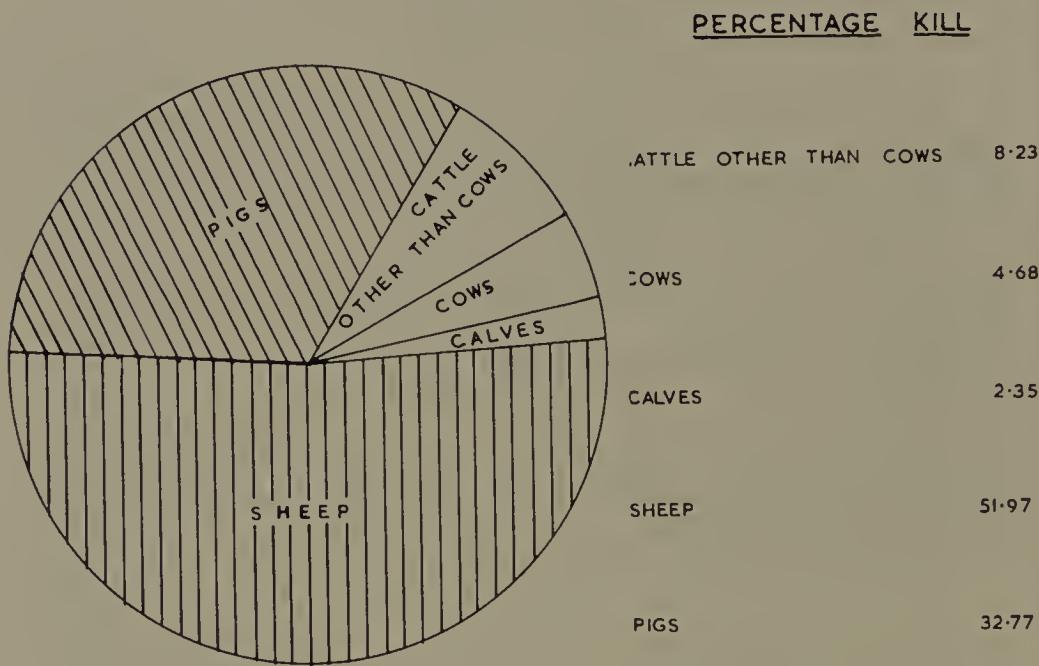
With the co-operation of the Public Health Laboratory a considerable amount of work was carried out during the year on investigating the incidence of *Salmonellae* food poisoning organisms at the abattoir. 160 bacteriological swabs were taken from the slaughterhall drains and the lairages and 16 were found to be positive. Some 355 rectal swabs were taken from pigs but no *Salmonellae* were found.

Facilities were given during the year as in the past for visitors, overseas visitors, and parties to be shown around and the work of the department explained. Biological specimens were collected when requested.

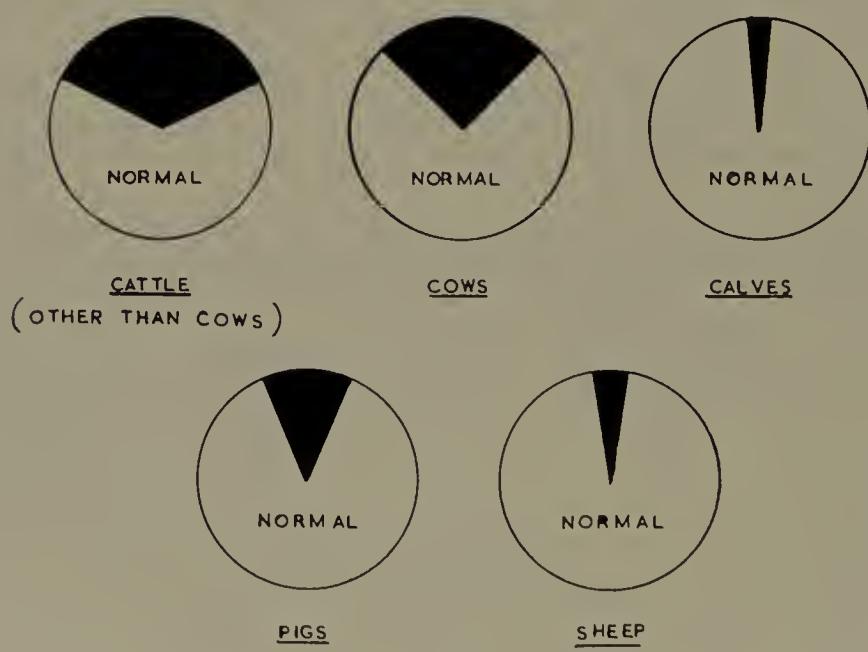
The collection of pharmaceutical products was supervised during the year and the following amounts were dealt with.

	<i>Liver — unfit for food but suitable for processing lbs.</i>	<i>Pancreas lbs.</i>	<i>Spinal Cords lbs.</i>	<i>Suprarenals lbs.</i>
Cattle	57,810	9,941	8,758	517
Calves	—	103	—	—
Sheep	—	—	—	—
Pigs	—	2,759	—	—

DIAGRAM ILLUSTRATING PROPORTIONATE NUMBERS OF ANIMALS KILLED.



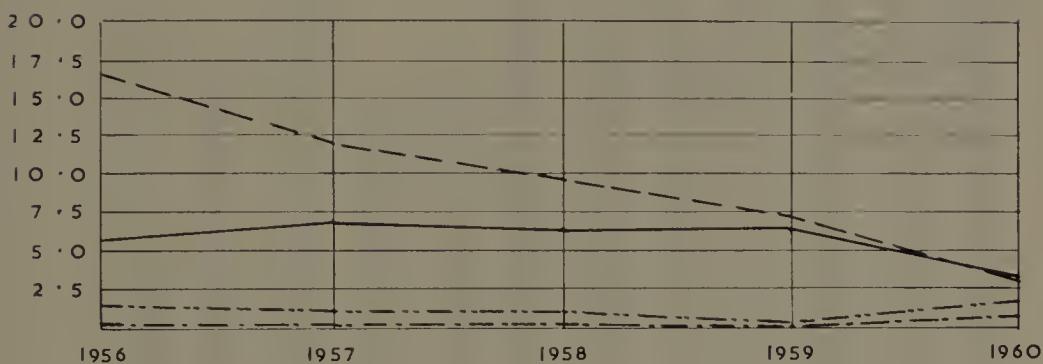
DIAGRAMS ILLUSTRATING PROPORTION OF ANIMALS FOUND TO BE AFFECTED WITH DISEASE OR ABNORMAL CONDITION.



GRAPHICAL REPRESENTATION OF
PERCENTAGE OF DISEASE INCIDENCE
IN ANIMALS SLAUGHTERED.

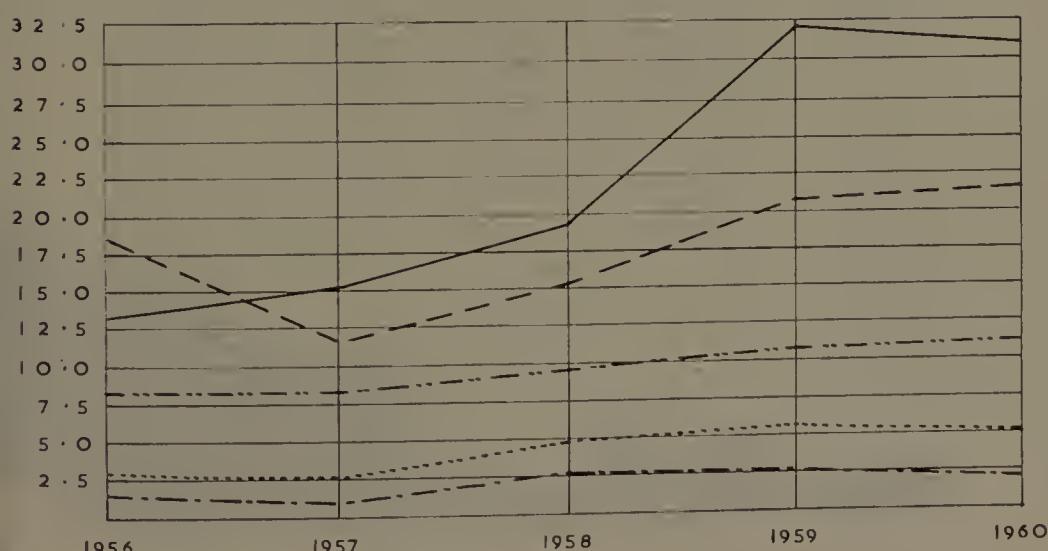
(A) TUBERCULOSIS.

— CATTLE (OTHER THAN COWS).
 - - - - - COWS.
 - - - - - CALVES.
 - - - - - PIGS.



(B) DISEASES OTHER THAN TUBERCULOSIS
AND CYSTICERCOSIS.

— CATTLE (OTHER THAN COWS).
 - - - - - COWS.
 - - - - - CALVES
 - - - - - SHEEP.
 - - - - - PIGS.



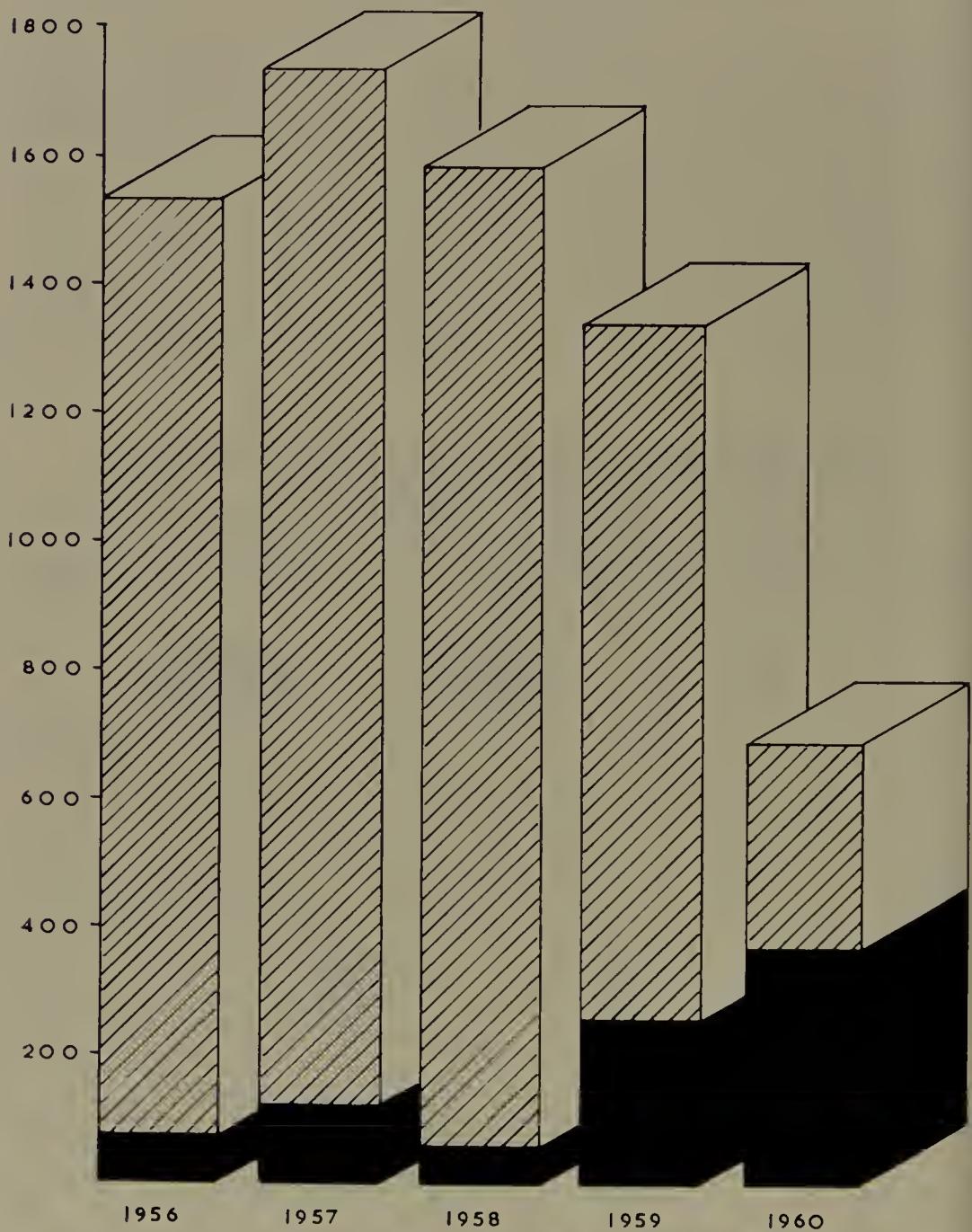
ANNUAL INCIDENCE OF TUBERCULOSIS FOUND IN BOVINE ANIMALS SLAUGHTERED



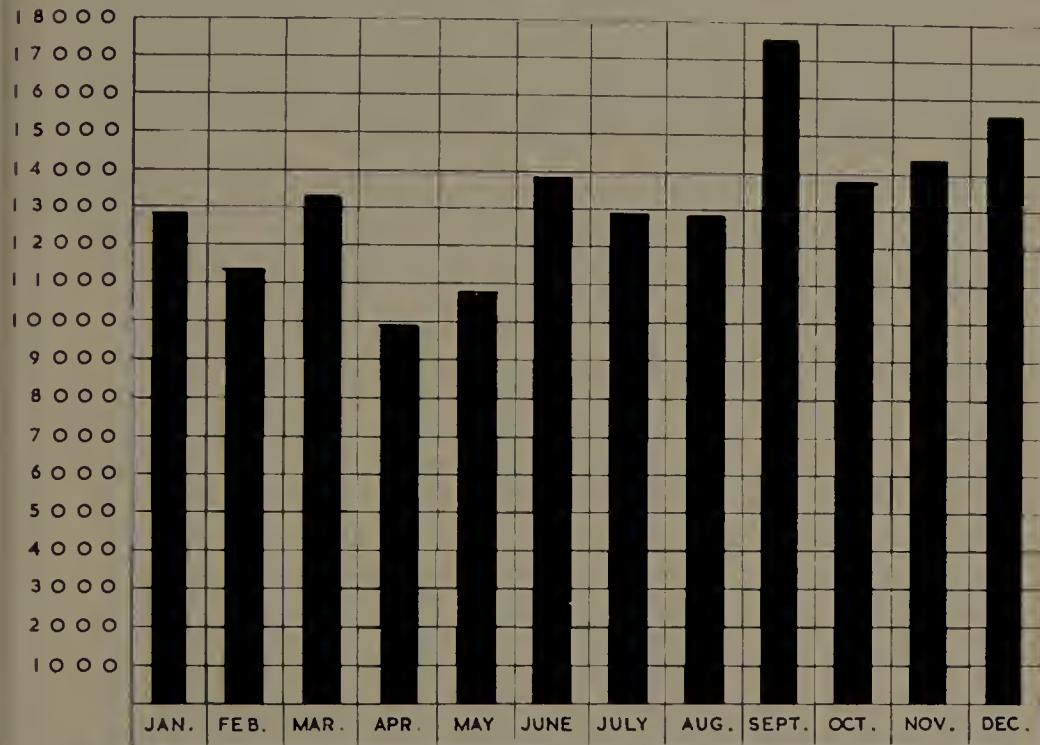
INCIDENCE.



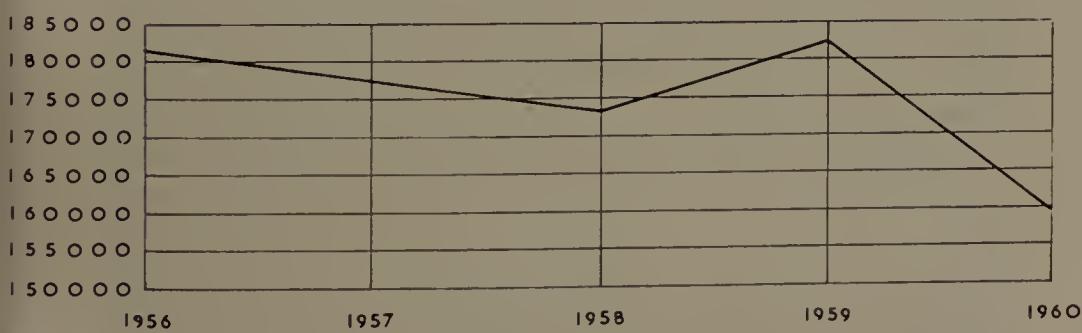
ANIMALS SLAUGHTERED COMPULSORILY.



**CHART ILLUSTRATING ANNUAL KILLING
SPREAD-OVER FOR 1960.**



**GRAPH SHOWING THE NUMBER OF
ANIMALS SLAUGHTERED AT THE
PUBLIC ABATTOIR DURING THE
LAST FIVE YEARS.**



ATMOSPHERIC POLLUTION**CLEAN AIR ACT, 1956****Smoke Control Areas**

The Orders made by the City Council relating to the Tile Hill and Allesley Smoke Control Areas were confirmed in October by the Minister of Housing and Local Government with a modification that the date of operation should be 1st September, 1961, instead of 1st October, 1960, the date stated in the Orders as originally made. There were a number of objectors to the Orders and a Public Inquiry was held by the Minister on the 20th April, 1960. This delayed the date of operation of the Orders which were made in 1959.

The implementation of the Act in relation to the establishment of smoke control areas has, due to the shortage of staff, not kept pace with the programme laid down. The five year programme submitted to the Health Committee in 1959, and later sent to the Minister, will obviously not be fulfilled. This programme, as submitted, allowed for the making of an Order in 1960 for a large area comprising 4,500 acres, with nearly 19,000 dwellings. This would have been the largest to be made in the City and probably the largest populated smoke control area in the country. It is now obvious that a start upon this area will have to be delayed for a further period, the reason being the lack of sufficient staff to carry out the survey, etc. Considerable work is involved in obtaining the necessary information prior to the presentation to the Council for the making of an Order, and this would apply especially in the case of our next proposed area, where the majority of dwelling houses were erected before the passing of the Clean Air Act. The two Orders referred to were not confirmed until October, so that it is anticipated that works of adaptations or replacement etc., of fuel burning appliances will proceed slowly and no large demand for works to be carried out will arise until after the winter heating period.

Notification of intention to install and prior approval of furnaces.

Under Section 3 of the Clean Air Act, 1956, notice of proposal to install a furnace must be given to a local authority with the proviso that furnaces designed solely for domestic purposes and having a rating of less than 55,000 British Thermal Units per hour are exempted. This makes it unnecessary for notification of small boilers installed in such places as dwelling houses, small offices, etc. This requirement gives a measure of control to the Department over the type of plant to be installed. Provision is also made for the approval of furnaces to be installed. In this case a person installing a furnace is asked to give particulars of the plant on a form supplied by the Department. The information asked for relates to the type of furnace, rated output, type and quantity of fuel consumed per hour under maximum rating, and chimney height. It is on the type and maximum average hourly consumption of fuel that the chimney

height required by the Department is calculated. Power is given, under Section 10 of the Act, to a local authority to reject the plans of buildings, (dwellings, shops and offices are exempt) where they are satisfied that the chimney is of insufficient height to allow for the dispersal of the products of combustion which include smoke, grit, dust, and gases, without causing a nuisance or being injurious to the health of nearby residents.

The majority of furnaces which have been installed in the City during recent years are oil fired and such installations can with proper attention be operated virtually smokelessly, so that the height of the chimney is calculated on the sulphur dioxide content of the fuel, the possible sulphur dioxide emission and its ground level concentration ; also heights of nearby buildings and the configuration of surrounding ground are taken into consideration.

This chimney height is an estimated figure based on the known background of sulphur dioxide content of the atmosphere in the city, to which is added the ground concentration from the chimney, and is so calculated that this ground level concentration from a particular chimney does not exceed a maximum figure given in milligrams per cubic meter.

A minimum height of 30 feet is required for all chimneys to which Section 10 of the Act applies, irrespective of the output of the boiler. This standard, laid down by the Department, may have to be varied in the light of increased knowledge regarding the behaviour of injurious gases and their effect upon human beings. The formulae at present applied to assess chimney heights have limitations and cannot be applied to large installations. Guidance on the technical considerations controlling chimney heights would no doubt be welcomed by all local authorities throughout the country. It is known that for some time past a committee has been sitting to study this matter and it is hoped that their findings will soon be made known to the Minister of Housing and Local Government so that guidance upon this subject can be given.

During the year fourteen notifications of intention to install furnaces were received in accordance with the provisions of Section 3 of the Act. Of these the local authority was asked to approve thirteen. One application, relating to a large installation, was not proceeded with, as agreement on the height of the chimney was at the time not reached. The Department required a chimney height of 150 feet, which was agreed to at a later date, and a further application for a prior approval is to be made. Of the fourteen furnaces referred to above, thirteen were oil fired, and one, a small installation at a school, was coke fired.

Since Section 3 of the Clean Air Act, 1956, became operative, sixty-nine applications for prior approval of furnace installations have been received. In addition to these, thirty notifications of intention to install furnaces have also been made.

Dust and Grit

Complaints of public health nuisances caused by the emission of dust and grit are, from time to time, received by the Department. The source of the dust or grit decides under which enactment to proceed, should this be necessary, to cause the nuisance to be abated. As far as public health law is concerned the sources can be divided into two groups, these being those sources attributable to combustion of fuels and those to various industrial processes where combustion is not involved. The Clean Air Act, 1956, applies to the former and the Public Health Act, 1936, to the latter.

Under the Clean Air Act it is incumbent upon a person installing a furnace, other than a small furnace designed for domestic purposes, to take all practicable means for preventing the emission of dust and grit from a chimney; also any new furnace designed to burn pulverised fuel or to burn solid fuel or waste at a rate of a ton or more per hour must be fitted with a dust and grit arrester, and such arrester must be approved by the local authority before it is installed.

Since the Clean Air Act became law the majority of furnaces installed have been oil fired, in fact no large furnace using solid fuel and to which the above provisions of the Act apply has been installed. Many of the industrial boiler plants using solid fuel have, during the past decade, been converted to burn oil fuel. This has resulted in a considerable decrease in the number of complaints received concerning dust and grit emission from industrial furnaces.

Emissions of dust and grit from sources where combustion is not involved do from time to time give rise to complaint. These are usually from some industrial process where either no attempt is made to arrest the dust, etc., or the dust arresting plant is either inefficient or has broken down. The abatement of such nuisances, which come within the purview of the Public Health Act, 1936, do not usually present the difficulties sometimes associated with fuel burning plants and often only the matter of the cost of efficient arresting plant prevents its installation.

Complaints received concerning emissions of dust and grit have shown a trend to decrease over the past few years, and during the year under review only seven complaints were received concerning such emissions.

Fumes

Under the provisions of the Public Health Act, 1936, any effluvia caused by any trade or manufacturing process, can, if it is prejudicial to health or a nuisance to nearby residents, be dealt with as a statutory nuisance within the meaning of the Act.

Most of the complaints received concerning nuisances from fumes relate to paint spraying. Due to the class of industry in the City a considerable amount of paint spraying takes place, but it can be said that most of the spraying equipment in the larger type of factory is of modern design, and steps are taken to reduce the amount of matter discharged to the atmosphere. However, even with the

most up-to-date type of plant the odours from the discharged fumes do cause annoyance to residents, especially when they are in very close proximity to the factory, and the complete elimination of the odours does, at the present time, present an almost insurmountable problem.

One source of objectionable odours about which complaints have been received from time to time for a number of years is from a scheduled process under the Alkali, &c., Works Regulation Act, 1906. This Act, and Regulations made thereunder, are enforceable by the Alkali Inspectorate and complaints received relating to this process are referred to the Alkali Inspector.

During the year twenty complaints were received relating to nuisances from fume emissions.

Air Pollution Measurement

During the year under review *daily* measurement of suspected impurity and sulphur dioxide in the atmosphere was made at :—

- (i) Council Offices, South Side, Earl Street
- (ii) Coventry Technical College, Butts
- (iii) Lyng Hall School, Blackberry Lane
- (iv) Foxford School, Longford

The three latter measurement stations are operated under the control of this Department on behalf of the Warwickshire Clean Air Council, of which Coventry is a leading member. The daily duty of investigation of the atmosphere, involving a chemical estimation, is undertaken by senior pupils under the supervision of teaching staff. The project is viewed favourably by those associated with education since it is a means of direct application of general science to a current problem, and the subject becomes a worth-while addition to the curriculum. It is proposed to extend the scheme in the future whereby further appropriate schools in the City will be invited to participate.

Continuous measurement of particulate matter deposited from the air and estimation of sulphur dioxide levels is also carried on at the following stations :—

- The Precinct (Roof of a Store).
- Day Nursery, Edgwick
- Spon End Water Undertaking
- Pumping Station, Whitley
- The Allotments, Copsewood
- Stoke Park Secondary School
- Parkgate Junior School
- Wood End Primary School
- Foleshill Cemetery, Windmill Road
- Cheveral Avenue, Radford
- Mount Nod Pumping Station
- Memorial Park (including Meteorological Station)
- Little Heath Primary School, Old Church Road
- Pridmore Road School

Monthly estimations decided from these continuously operating Stations have given valuable information concerning industrial pollution and its location. The results are forwarded monthly to the Department of Scientific and Industrial Research for collation and co-ordination and, together with results from all over the country, a national pattern of pollution particulars is developed.

As part of a nation-wide survey of air-pollution trends, Coventry has been selected by the Department of Scientific and Industrial Research as an area where special investigation might be useful. The reason for this is not that air-pollution conditions are good or bad, but more particularly that its topography, lay-out, and industries suit the requirements. Extension of daily measurement will be necessary, and probably closer investigations into meteorological conditions.

Warwickshire Clean Air Council.

This association of local authorities in Warwickshire, formed to act as an advisory body in all matters relating to public health and air-pollution, continues to operate with good effect. Of the twenty local authority members, which combine in a mass-measurement scheme, Coventry is the largest.

Measuring instruments are of three standard types, deposit gauges, lead peroxide assemblies, daily volumetric sulphur dioxide recorders and smoke filters. Approximately 150 instruments are in operation giving valuable results of the extent of pollution over a wide area.

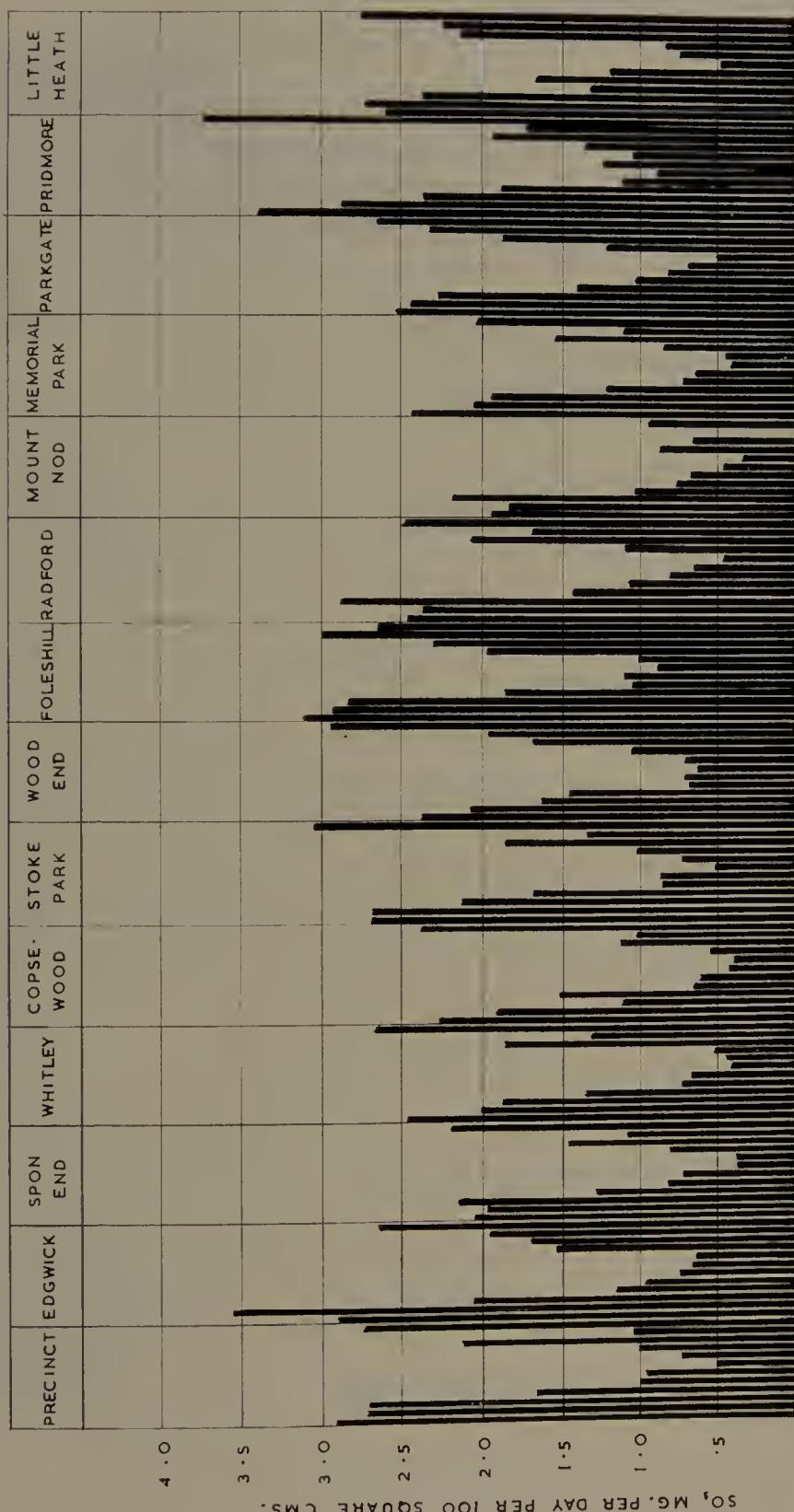
During the year under review a conference for schoolchildren was held at St. Mary's Hall, Coventry. Operation of the daily measurement instruments has depended on the assistance given by some 24 schools in the county. Senior pupils are engaged on this work, under the guidance of teachers, and with the approval of the appropriate Education Officers. The reason for the conference was to bring together all the participating scholars and teachers, and to explain the importance of their work and how it is integrated with the national scheme.

The conference, organised by the Public Health Inspectors' Department on behalf of the Warwickshire Clean Air Council, was very successful and received widespread press publicity and radio and television coverage.

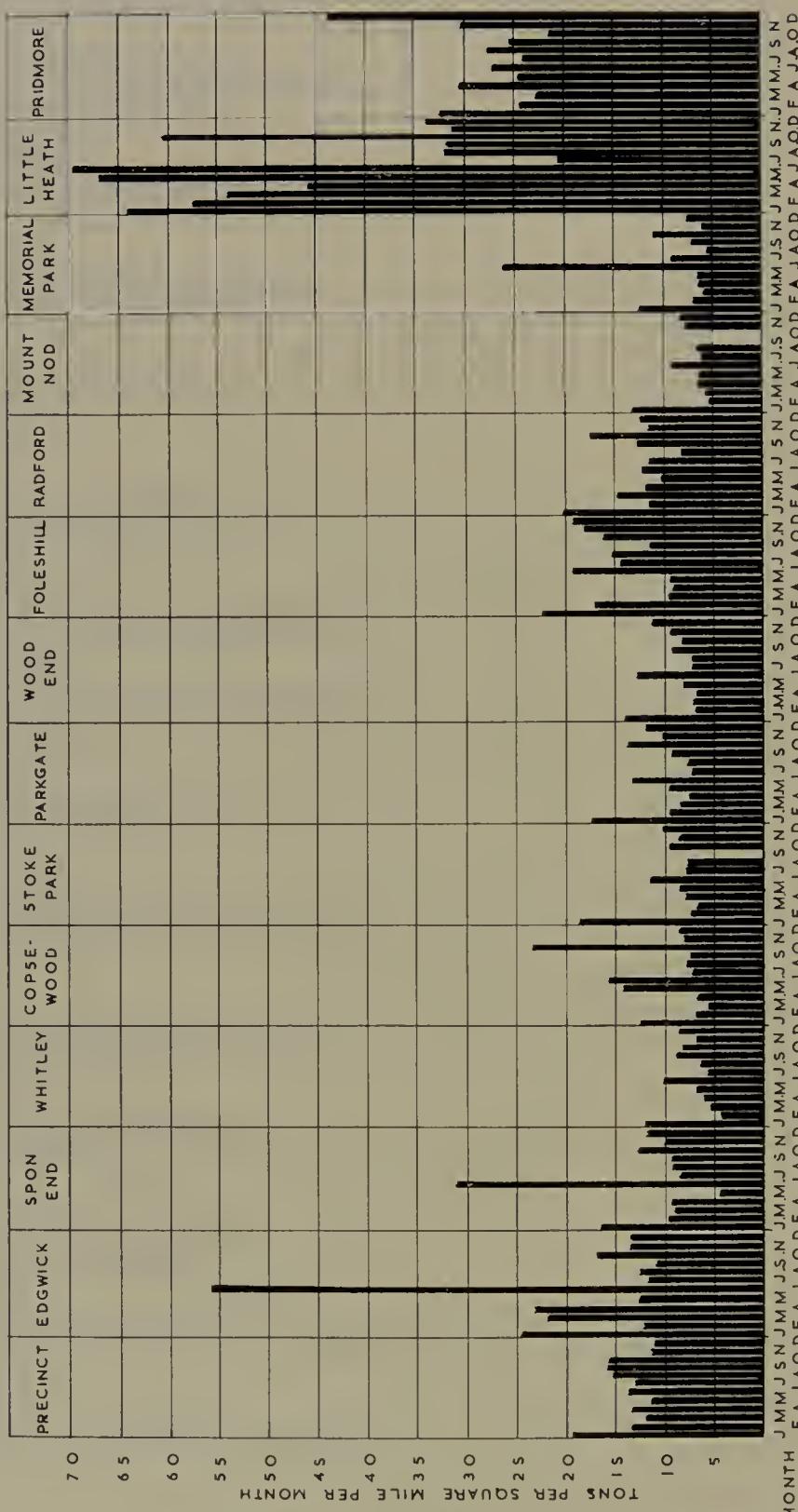
In order to foster interest in the subject of air pollution, Warwickshire Clean Air Council has provided a large exhibition stand, and other publicity material, for use at exhibitions, schools, and lectures. The stand is available for use by any member local authority and Coventry has already made full use of it for health education purposes. As a supplement to the essential publicity associated with the establishment of Smoke Control Areas it will prove invaluable, and a means of keeping the work in this field of the Public Health Inspector's Department in the City well before public attention.

ATMOSPHERIC POLLUTION. CHART A.

SULPHUR DIOXIDE BY LEAD PEROXIDE METHOD DURING 1960.



ATMOSPHERIC POLLUTION. CHART B. MONTHLY DEPOSITS IN TONS PER SQUARE MILE DURING 1960.



NOISE

Nuisance from noise is an occurrence of everyday life, and there have been all sorts of definitions about noise and what it is. The most common is that it is "unwanted sound." Urban noise nuisance arises in part from the earlier industrial development of this country, together with insufficient or inadequate town planning, and in part from the speed at which we live. The latter factor is highly important, and is for the most part coupled with selfishness or thoughtlessness on the part of the individual. Most of the machines and techniques that have been developed for industrial purposes, for rapid transportation, or to make life more enjoyable by furnishing additional comfort, reducing drudgery, and speeding-up routine work to provide increased leisure, are unfortunately noisy.

A national newspaper once organised a competition for suggestions for the best and worst noises. The four best were given as the droning of bees, the clanking of a village smithy, the voice of a fog-bound liner, and the hoot of an owl, whilst the four worst were said to be the tick of a clock, the tap of blind men's walking sticks, the clinking of glass against a medicine bottle, and the thud of a shilling in the gas meter. It seems the best were associated with the countryside or possessing qualities of well-being, whilst the worst exemplified depressing urban implications. While it is not possible to state explicit relationship between noise and its effects on man, apart from effects on hearing, undoubtedly it is annoying when it affects man's ability to communicate with his neighbours by speech. For economic reasons, effort is now being made by industry to develop quieter products. An interesting side-issue, significant in Coventry, and symptomatic of the acceptability of noise, is the importance that noise associated with certain products should have a certain quality. For example, motor car manufacturers think it desirable that the noise produced by the shutting of a car door should possess "big car quality."

Complaints of noise often arise from newly-installed machinery at factories where, if forethought had been given to the proper siting of the machinery in relation to nearby property, cause for complaint would not have arisen. Factories and planning engineers could prevent complaints and disturbances to the family life of residents in the vicinity by consideration of noise effects, as they mostly now do in regard to air-pollution. Noise control in industry has not yet become the exact science which it should, being too often placed low down in the list of necessary considerations ; assuming that it is even included. Other factors involved are the reliance placed on suppliers of machinery, who inform the purchasers that they are "practically" noiseless, and the reluctance on the part of industry to spend money on something which is not likely to increase output.

Planning control by local authorities could do much to mitigate or prevent noise nuisance from new factories in the plan stage. Techniques are well advanced, enabling prediction of expected responses from normal communities to likely noise. It should be the

concern of everybody involved in the design and layout from the very beginning, and featured particularly should be the mechanical engineer, since the mechanics of manufacture and ancillary operations, which largely determine the amount of noise, are in his hands ; the architect to deal with problems of sound absorption and allied matters ; and the town planner. It seems increasingly apparent that noise control legislation for new factories and other buildings of the future will have to contain more positive prior-approval provisions. Too often is the public health inspector faced with a "*fait accompli*" industrial noise source which could have been solved in the planning stage. Prior approval has long been accepted as an essential part of building byelaw procedure for new buildings ; it is gradually becoming accepted in the air-pollution field for new boiler installations and furnaces, it will have to come in the cause of noise control.

Noise Control

By far the most important development during the year under review has been the introduction of the Noise Abatement Act, 1960, which received Royal Assent on the 27th October, 1960, and became operative a month later.

Local authorities were at long last given powers to abate noise nuisances, and any noise or vibration, amounting to a nuisance at common law, became a statutory nuisance within the meaning of the Public Health Act, 1936. The Act is a useful means to enable local authorities to minimise noise, and is something of an improvement over the private Act powers previously possessed by certain authorities (e.g. Willesden, Coventry, etc.). Private Act powers were not easy to apply, since it was necessary to prove that a noise was "*excessive or unreasonable or unnecessary*" and "*prejudicial to health*" before action could be taken. The new national legislation does not require such limiting provisions, but it does contain defence clauses whereby defendants may plead that, where a charge of noise from his trade or business is concerned, he has taken the "*best practicable means for preventing, or for counteracting the effect of, the noise or vibration.*" The Act does not apply to noise or vibration from aircraft or caused by statutory undertakers in the exercise of their powers.

An interesting point has exercised legal minds in comparing the provisions of the former private Acts of Parliament (based on the Model Clauses) and the Noise Abatement Act, 1960. The pre 1960 private Acts, representing the furthest extent to which the Government would allow, mostly contained the best practicable means defence further qualified by the requirement that regard be had to "*cost and other relevant circumstances.*" The national Act does not contain this latter qualification. It would appear that the question of cost and other relevant circumstances is now discounted, and the criterion is to be the *quality* of the means for preventing and counteracting the effect of noise and vibration. As such, it will be imperative

for public health inspectors to have the means and knowledge of assessing what are the *best* practicable means, and objective measurement using instruments is a prerequisite of such techniques.

Objective Measurement of Noise

In anticipation of standards or permissible limits being fixed by the present Government Committee on Noise Problems, and for other purposes, the Sound Level Indicator is extensively used in the Department. The instrument, incorporating microphone, amplifier, and attenuator, is a means of determining sound level in decibels. It has proved very useful for making investigations and surveys, measuring the efficiency of acoustic screening, etc., after sound-proofing has been effected, and for the preparation of rudimentary sound spectra.

Since the operative date of the Noise Abatement Act, 1960, there has been an increase in Coventry in the number of complaints. As the existence of legal powers acts as something of a deterrent to possible offenders, and, in many cases, paves the way to securing a remedy without resort to legal action, so also does it encourage complaint concerning noise on the border-line of acceptability. All noise investigations are time-consuming, and, since different standards of acceptability prevail for the day and night periods, night visits are in many cases necessary.

During the year under review, which included only one month during which the Noise Abatement Act, 1960, was operative, ninety-one complaints were received. The large majority referred to noise emanating from machines in factory premises. Each complaint was closely investigated and the matter taken up with the management of the firm concerned, often with results amounting to the complete suppression of the noise or to it being reduced to a level where it could be tolerated.

Although the Act is now in force, noise control is as yet in its infancy. Standards and techniques, planning aspects and sound-proofing methods, still require to be fully developed. In April, 1960, the Minister for Science set up a Committee under the Chairmanship of Sir Alan Wilson, F.R.S., of Coventry, with terms of reference — “to examine the nature, sources and effects of the problem of noise, and to advise what further measures can be taken to mitigate it.” The selection of an eminent Chairman with local associations is gratifying, and may be taken as a token of the foresight of Coventry City Council in its pioneering promotion of a private Act of Parliament to control noise in 1958.

HOUSING

When dealing with the abolition of houses which are unfit for human habitation, and the rehousing of the occupiers in modern dwellings in hygienic surroundings, one cannot wave a magic wand to obtain the desired result ; rather the processes of the law, like the mills of God, grind slowly to achieve this end.

During the year, fourteen Clearance Orders, involving 111 houses, were made and submitted to the Minister of Housing and

Local Government for confirmation, and his decision was awaited at the end of the year.

Twelve "Individual Demolition Orders" were made relating to dwellings which were incapable of being rendered fit for human habitation at a reasonable expense. For two of these Demolition Orders, Closing Orders were substituted.

Voluntary undertakings have been given by the owners in respect of thirty-one houses in anticipation of formal action under the Housing Act.

The demolition of unfit properties has proceeded, and one hundred and eighty-seven houses in Clearance Areas, and thirty "individual unfit" houses were so dealt with, making a total of two hundred and seventeen houses removed. Of the houses in Clearance Areas, twenty-nine were demolished voluntarily by the owners without Clearance Orders having been made, four were removed by road improvements, and fourteen were in an area purchased by the Corporation by agreement for redevelopment purposes.

One hundred and fifty-three families, involving four hundred and forty-one persons, have been rehoused during the year.

The number of applications for Certificates of Disrepair under the Rent Act, 1957, showed a further decline, eighty-two such applications having been received from the tenants of controlled houses. As a result, six Certificates of Disrepair were issued, and in the remaining cases the landlords gave undertakings to remedy the notified defects. Two applications were made by landlords for the cancellation of Certificates of Disrepair, and in one instance an objection to such cancellation was received from the tenant on the grounds that the defects had not been remedied. A further three applications were received from tenants for certificates to the effect that undertakings given by the landlords had not been honoured, and four applications from landlords for certificates as to the remedying of defects in accordance with undertakings, three of which could not be granted as the defects had not been remedied.

Applications for grants under the Housing (Financial Provisions) Act, 1958, as amended by the House Purchase and Housing Act, 1959, for the improvement of dwellings, showed an increase during the year, and in this connection two hundred and seventy-nine houses were inspected as to their suitability to qualify for a "discretionary" grant, and two thousand, two hundred and nineteen in respect of "standard" grants. In only one instance was it not found possible to recommend the approval of a "discretionary" grant, and with regard to the "standard" grants it was found that one hundred and thirty-three dwellings did not comply with the requirements, in twelve cases the applications were out of order, and in twenty cases the applications were subsequently withdrawn.

The repair and maintenance of habitable dwellings through the provisions of the Public Health Act, 1936, has been rigorously pursued throughout the year, and 6,186 repairs and improvements were effected for the abatement of nuisances connected with housing conditions.

HOUSING STATISTICS YEAR, 1960

The following information is given in the form required by the Ministry of Housing and Local Government :—

Inspection of dwelling houses during the year :—

1. (a) Total number of dwelling houses inspected for housing defects (Under Public Health or Housing Acts)	2,255
(b) Number of inspections made for the purpose ..	5,861
2. (a) Number of dwelling houses (included under sub-head 1 above) which were inspected and recorded under the Housing Consolidated Regulations, 1925	446
(b) Number of inspections made for the purpose ..	1,086
3. Number of dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for habitation	245
4. Number of dwelling houses (exclusive of those referred to under the preceding sub-head) found not to be reasonably fit for human habitation	878

Remedy for defects during the year without service of formal notices :—

Number of defective dwelling houses rendered fit in consequence of informal action by the Local Authority ..	532
Number of separate tenements or underground rooms in respect of which Closing Orders were determined the tenement or room having been made fit	Nil

The City Engineer kindly gives the following information concerning new houses :—

(a) Number of new houses erected during the year, TOTAL	2,006
(b) With State assistance under the Housing Acts	
(i) By Local Authority	339
(ii) By other bodies or persons	Nil
(c) Under the Housing (Financial Provisions) Act, 1958..	Nil

REHOUSING

Number of applicants on waiting list 1st January, 1960 ..	4,247
Number of applicants on waiting list 31st December, 1960 (after revision 1,398 applications removed from list) ..	5,148
Number in Category A (First Priority)	1
Number in Category B (Second Priority)	425
Number in Category C (Third Priority)	3,619
Number in Category D (Fourth Priority)	1,103
Number of families rehoused by end of 1960	1,092
From Category A	5
From Category B	297
From Category C	717
From Category D	73

Number of applications for Corporation houses made during the year 1960	3,391
Number of houses erected by the Corporation during the year 1960	339
Number of houses voluntarily closed	42
Number of houses demolished	217
Number of families rehoused as a result of representations by the Public Health Inspector's Department	93
Number of families rehoused from caravans	37

ACTION UNDER STATUTORY POWERS DURING THE YEAR

A. Proceedings under Sections 9, 11 and 15, Housing Act, 1957 :	
1. Number of dwelling houses in respect of which notices were served requiring repairs	Nil
2. Number of dwelling houses which were rendered fit after service of formal notices :—	
(a) By owners	Nil
(b) By Local Authority in default of owners	Nil
B. Proceedings under Public Health Acts :—	
1. Number of dwelling houses in respect of which notices were served requiring defects to be remedied	346
2. Number of dwelling houses in which defects were remedied after service of formal notices :—	
(a) By owners	346
(b) By Local Authority in default of owners	Nil
C. Proceedings under Section 16 of the Housing Act, 1957 :—	
1. Number of dwelling houses in respect of which Demolition Orders were made	12
2. Number of dwelling houses demolished in pursuance of Demolition Orders	7
D. Proceedings under Section 18 of the Housing Act, 1957 :—	
1. Number of separate tenements or underground rooms in respect of which Closing Orders were made	Nil

HOUSING ACT, 1957 — OVERCROWDING

(a) (i) Number of dwellings overcrowded at the end of the year	294
(ii) Number of families dwelling therein	318
(iii) Number of persons dwelling therein	1,284
(b) Number of new cases of overcrowding reported during the year	341
(c) (i) Number of cases of overcrowding relieved during the year	244
(ii) Number of persons concerned in such cases	1,008
(d) Particulars of any cases in which dwelling houses have again become overcrowded after the Local Authority have taken steps for the abatement of overcrowding	Nil



New Housing Development in the City



A bit of old Coventry

MOVABLE DWELLINGS

The long felt need for more positive legislation to secure the improvement of sanitary conditions and amenities on caravan sites came to a head with the passing of the Caravan Sites and Control of Development Act, 1960. This Act, which came into force on the 29th August, 1960, was the outcome of Sir Arton Wilson's Report on the nation-wide investigation carried out during the previous year at the instigation of the Minister of Housing and Local Government, to enquire into the problems arising from the use of caravans as homes.

This statute is designed to make provision for the licensing and control of caravan sites. It is fourfold in its purpose in that it

- (a) provides powers of control ;
- (b) introduces a new licensing system ;
- (c) aims at a good standard of layout, and
- (d) intends that sites shall be properly equipped and run.

It is an important piece of legislation, removing the weaknesses of the caravan site clauses of the Public Health Act, 1936, and amending the law relating to enforcement notices and certain other notices under the provisions of the Town and Country Planning Act, 1947. The clear intention of the Act is to improve caravan sites generally, whether they be existing sites or newly established ones. One of the major difficulties encountered in the operation of what now may be referred to as the "Old Act," by those local authorities who granted caravan site licences in past years, was the formulating of conditions to attach to the licences. There was no standard, or authoritative guide even, to make provision for the hygienic facilities and equipment commensurate with this mode of living. Consequently, caravan dwelling as a substitute for traditional home-making left, in many instances, much to be desired, not only in Coventry, where the licensing system has been applied for the past ten years, but throughout the country as a whole. The new Act has commendably rectified this omission by the inclusion of powers to specify Standards. That the demand for such standards was urgent is left in no doubt by the Minister's prompt action in producing, with the statute, the Model Standards he is empowered to make. They embrace all aspects of environmental health requirements connected with this post war "housing" problem, and are equally concerned with permanent residential caravan sites and holiday caravan sites. They are flexible, adaptable, and aim to achieve those standards of amenity appropriate to 1960.

The enforcing authorities for the purpose of the Act are planning authorities on the planning side, and Councils of borough, urban and rural districts for the licensing side. Locally these two authorities are one and the same, which greatly facilitated the many discussions and preliminary reports necessary between the Architectural and Planning Department and the Public Health Inspector's Department to bring the Act into operation. Except for certain specified exemptions, the compulsory licensing provisions now imposed on all occupiers of land used as a caravan site by one or more caravans require the licensing authority to have regard to the Model Standards when applying conditions to a licence.

To conform with the definition of caravan contained in Section 29, the preamble to the Model Standards states that they represent standards normally to be expected as a matter of good practice on sites which are used regularly by residential or holiday caravans. They are not intended to apply to any other type of caravan site. Where circumstances are suitable, the Model Standards can be applied in full, and this policy was decided upon in the application of the Act to caravan sites within the City.

The licensing provisions required numerous visits and revisits to existing caravan sites by the Department, to ensure that occupiers of land used by caravans submitted applications for licences within the time allowed. A forerunner to the visits made in connection with licensing control was the survey carried out at the commencement of the Act. Certain restrictive clauses in the Act imposed an obligation upon the occupier of an existing site not at any time before a site licence is first issued to cause or permit the number of caravans stationed on the land for the purposes of human habitation to exceed at any one time whichever of the following numbers is the greatest, viz :—

The number so stationed at the commencement of this Act ; or
The number limited by a condition included in a planning permission ; or

The number limited by a condition included in a licence granted under Section 269 of the Public Health Act, 1936.

A total of thirty sites were surveyed, including the Corporation owned site at Wyken Croft, and a count taken. The Corporation owned site is the largest in the City, accommodating at that time 190 caravans. The twenty-nine privately owned sites accommodated a total of 440 occupied caravans. A detailed report on the layout, equipment and sanitary facilities existing on each site was also prepared for comparison with the requirements of the Model Standards and licensing consideration under the Act.

The City Council anticipated by seven years the new power conferred by the Act upon local authorities to provide caravan sites within their area. The Wyken Croft site, established at the end of 1952, has materially contributed to the alleviation of the caravan problem experienced locally through the last decade. The facilities available to every caravan dweller on the site, which include laundries, shower bath, and site management, favourably compare with those provided on other large sites in the City. Nevertheless, they fall short of the Model Standards, which is to be expected, having had no precepts to follow. But with the new powers conferred and the standards laid down, the way is now open to maintain standards as high as those the local authority require others to maintain.

Sixty-five caravans were removed from various sites in the City during the year, and thirty-seven families occupying caravans were provided with Corporation tenancies.

FOOD AND DRUGS

Of the 1,828 samples of food and drugs taken, 1,663 were reported by the Public Analyst as genuine, and 165 as unsatisfactory. The total number of samples obtained for the purpose of the Food and Drugs Act, 1955, showed a very slight increase over previous years.

The system of sampling carried out has revealed very interesting results, and the percentage of unsatisfactory samples has fallen considerably compared with 1959. This reduction is due to the fact that there were only 64 unsatisfactory samples of milk in 1960 compared with 265 samples in 1959. This indicates that the milk sold in Coventry over the past year was of better quality than the previous year.

The number of samples of food and drugs found to be unsatisfactory is practically the same as in the previous year, and this indicates that there is still a need for specialised sampling in this field of food and drugs work.

Details of the Samples Collected are Given as Follows :

Formal Samples obtained	56
Informal Samples obtained	1,772

SAMPLE OF DRUGS

Article	Total			No. Genuine	Unsatisfactory	
	Formal	Informal			Formal	Informal
Agarol	—	1		1	—	—
Almond Oil	—	1		—	—	1
Analgesic Tablets	—	1		1	—	—
Anti-Tobacco Tablets	—	1		—	—	1
Aspirin Tablets	—	5		3	—	2
Baby Cream	—	1		—	—	1
Backache Pills	—	2		2	—	—
Beecham Powders	—	1		1	—	—
Bicarbonate of Soda	—	3		3	—	—
Boracic Powder	—	2		2	—	—
Boric Acid Ointment	—	1		1	—	—
Boric Lint B.P.C.	—	2		2	—	—
Borax & Honey	—	2		2	—	—
Borax (Powdered)	—	2		2	—	—
Bronchial Mixture	1	1		—	1	1
Calamine Lotion	—	1		1	—	—
Camphorated Oil	—	2		2	—	—
Charcoal Tablets	1	1		1	—	1
Chamomile Flowers	—	1		—	—	1
Cascara	—	2		2	—	—
Castor Oil	—	1		1	—	—
Cinnamon (Ground)	—	1		1	—	—
Codeine Linctus	—	2		2	—	1
Cold & Influenza Mixture	—	1		—	—	—
Confection of Senna	—	1		1	—	—
Cough Mixtures etc.	1	9		7	1	2
Decongestant Tablets	—	1		1	—	—
Elasto Tablets	1	—		—	—	—
Epsom Salts	—	3		3	—	—
Eucalyptus Oil	—	1		1	—	—
Extract of Malt	—	2		2	—	—
Glauvers Salt B.P.	—	2		2	—	—
Glycerine, Borax, Lemon & Honey	1	9		8	1	1
Glucose Lozenges	—	1		1	—	—
Gripe Water	—	1		1	—	1
Halibut Liver Oil Capsules	—	5		4	—	—
Head & Stomach Pills	—	1		1	—	—
Indian Brandee	—	4		3	—	1
Kruschen Salts	1	1		1	—	—
Lactagol	—	1		—	—	—
Laxatives (Choc)	—	2		2	—	—
Laxatives	—	2		2	—	—
Chewing Gum Laxative Tablet	—	1		1	—	—
Life Drops (Eldermint)	—	1		—	—	1
Linseed Liquorice & Chlorodyne Lozenges	—	1		—	—	1
Liquid Paraffin	1	3		3	—	2
Lung Tonic	—	3		1	1	—
Massage Cream	—	1		1	—	—
Medicinal Salts	—	4		3	—	1
c/fwd ..		8	98	79	6	21

SAMPLE OF DRUGS (contd.)

Article	Total			Unsatisfactory	
	Formal	Informal	No. Genuine	Formal	Informal
Brought forward ..	8	98	79	6	21
Mentho-Lyptus Tablets ..	—	1	1	—	—
Milk of Magnesia ..	—	2	2	—	—
Nasal Drops ..	—	1	—	—	1
Nurse R'V's Mixture ..	—	1	1	—	—
Ointment of Wintergreen ..	1	1	—	1	1
Olive Oils ..	—	2	—	—	2
Pain-Relieving Mixture ..	—	1	1	—	—
Parrish's Food ..	—	1	—	—	1
Pastilles (Cough) ..	—	2	1	—	1
Pectoral Balsam ..	—	1	—	—	1
Raspberry Vinegar ..	—	1	1	—	—
Raspberry & Olive Oil ..	—	1	—	—	1
Rose Hip Tablets ..	—	1	1	—	—
Rubbing Oils ..	—	1	1	—	—
Shampoo (Medicated) ..	—	3	2	—	1
Sulphur Ointment ..	—	2	2	—	—
Syrup of Figs ..	—	1	1	—	—
Throat Lozenges ..	—	1	—	—	1
Tonic ..	1	—	—	1	—
Tonic Yeast Tablets ..	—	1	1	—	—
Vitamin Tablets ..	1	3	1	1	2
Vitamin C Tablets ..	—	1	1	—	—
Vitaminised Iron Tabs.	—	1	—	—	1
Winter Candy ..	—	1	1	—	—
Witch Hazel ..	—	2	2	—	—
Yeast Tablets (Brewers) ..	—	1	1	—	—
Yeast-Vite Tablets ..	—	1	1	—	—
Zinc & Castor Oil Cream ..	—	3	3	—	—
Zinc Ointment (B.P.) ..	—	1	1	—	—
Totals ..	11	137	105	9	34

SAMPLES OF FOOD

Articles of Food	No. of Samples		No. Genuine	No. Unsatisfactory	
	Formal	Informal		Formal	Informal
Baking Powder ..	—	—	1	1	—
Beetroot (Pickled) ..	—	2	—	—	2
Beef Goulash ..	—	1	1	—	—
Bread ..	..	6	5	—	1
Breadfruit ..	—	1	1	—	—
Brandy Butter ..	—	1	—	—	1
Butter ..	—	24	24	—	—
Cabbage Pickled ..	—	1	1	—	—
Cakes & Cake Mixtures ..	—	6	5	—	1
Carrots (Canned) ..	—	1	1	—	—
Cheese & Cheese Spreads ..	—	27	27	—	—
Chocolate Products ..	—	2	2	—	—
Cherries (Glace) ..	—	5	2	—	3
Cocktail Savoury ..	—	1	1	—	—
Coffee & Chicory ..	—	2	2	—	—
Cornflour ..	..	3	2	—	1
Cream (Sterilised) ..	—	2	1	—	1
Crisps ..	..	4	4	—	—
Curry Powder ..	—	1	1	—	—
Curried Beef with Ricc ..	—	1	—	—	1
Currants ..	..	2	1	—	—
Custard Powder ..	—	3	3	—	—
Dessert Powder ..	—	1	—	—	1
Egg Albumen ..	—	1	—	—	1
Evaporated Milk ..	—	—	—	—	1
Fish Pastes ..	—	17	16	—	—
Fish Cakes ..	—	1	1	—	—
Flavouring (Almond) ..	—	1	1	—	—
Flour (Plain & S.R.) ..	1	12	11	1	1
Food Colourings ..	—	2	2	—	—
“Froment” Cereal ..	—	1	—	—	1
Fruits (Tinned) Assorted ..	—	8	8	—	—
Grape & Blackcurrant Juice ..	—	2	2	—	—
Grill—Mixed & Trimmed ..	—	2	2	—	—
Halibut ..	..	1	—	—	4
Herbs & Spices ..	—	41	37	—	—
Honey ..	..	4	4	—	—
Ice Cream ..	..	15	15	—	—
Icing & Icing Sugars ..	—	2	2	—	—
Juice from Cooked Shoulder Bacon ..	—	1	—	—	1
Jellies Assorted ..	..	1	21	20	2
Lard ..	—	6	4	—	2
Lemon Juice & Pie Filling ..	—	2	2	—	—
Luncheon Meat ..	..	2	1	—	1
Margarine ..	..	4	4	—	—
Marmalade (Diabetic) ..	..	1	1	—	—
Mayonnaise (various) ..	—	4	4	—	—
Meat (Steak & Kidney) ..	—	4	3	—	1
Meat Paste ..	..	11	11	—	—
Mincemeat ..	..	5	5	—	3
Milk Shakes & Mixes ..	—	1	5	3	—
c/fwd.		3	275	245	1
					32

SAMPLES OF FOOD (contd.)

Articles of Food	No. of Samples		No. Genuine	No. Unsatisfactory	
	Formal	Informal		Formal	Informal
brought forward	3	275	245	1	32
Mussels	2	—	—
Oils for Cooking	..	10	10	—	—
Orange Drinks & Juices	—	4	3	—	1
Pancake Mixture	..	2	1	—	1
Pastry & Ingredients	..	1	—	—	1
Peels (Cut & Mixed)	..	4	4	—	—
Pickling Acid	..	2	1	1	2
Pork	..	3	1	—	2
Potato Powder	..	1	1	—	—
Puddings & Mixes	..	2	2	—	—
Preserves (various)	..	10	9	—	1
Raisins (stoned)	..	6	6	—	—
Rice	..	4	3	—	1
Rolls (Starch-Reduced)	..	1	—	—	1
Sago	..	1	1	—	—
Salmon (with Butter)	..	1	1	—	—
Sauces	..	10	10	—	—
Sausages	..	5	5	—	—
Semolina	..	1	1	—	—
Shortbread	..	1	1	—	—
Soft Drinks & Beverages	—	3	2	—	1
Soups (various)	..	4	4	—	—
Strained Baby Foods	..	4	4	—	—
Spirits	..	10	—	9	1
Stuffing	..	5	5	—	—
Suet (Beef)	..	2	6	5	3
Sultanas	..	4	4	—	—
Sugars & Confectionery	..	13	8	—	5
Syrup from Tinned Plums	—	1	—	—	1
Table Creams	..	1	1	—	—
Tea & Tea Bags	..	5	4	—	1
Tea Cakes	..	1	1	—	—
Tomatoes & Puree	..	3	3	—	—
Vinegar (Malt)	..	4	2	—	2
“ Yeastrel ”	..	1	1	—	—
Milks	..	28	1234	1198	7
Totals	45	1635	1558	10	112

MILK

During the year 1,262 samples of milk were obtained, and of these 64 were found to be unsatisfactory. Details of the unsatisfactory samples are set out below, together with the action taken.

Type of Milk	Number of Samples	Result of Analysis
T.T. Pasteurised	6	4 Deficient of Solids not fat. 2 Added water.
Pasteurised	15	13 Deficient of Solids not fat. 1 Deficient of fat. 1 Added water.
Pasteurised School	6	3 Deficient of Solids not fat. 3 Added water.
Pasteurised Channel Island	5	3 Deficient of Solids not fat. 2 Deficient of fat.
Sterilised	6	6 Deficient of Solids not fat.
Farm	26	16 Deficient of Solids not fat. 2 Deficient of Solids not fat and fat. 8 Added water.

Forty-five samples of milk were reported by the Analyst to be unsatisfactory because the milks were low in solids not fat, but the freezing point test indicated that the milks were genuine. In addition to these, two samples were reported to be unsatisfactory, being deficient of solids not fat and fat, these latter samples being from individual cows which were found to be suffering with mastitis. Of the former samples 29 were from processing dairies, and in the most serious cases, samples were taken of the farm milk on delivery to the dairy, and in sixteen instances the milk was found to be below standard, and the farmers responsible for same were advised to take steps to improve the quality of milk.

The Analyst also reported three samples to be deficient of fat, all being from processing dairies. Investigations at the dairies were carried out and formal samples were taken, and found to be satisfactory. The method of agitation in connection with the bottling machines was suspect, and after this was improved further samples were found to be satisfactory.

Fourteen samples were reported by the Analyst to contain added water. Of these six were from processing dairies, and eight from farm milks tested on delivery to the dairies concerned. In one instance a farmer was prosecuted and fined £5 0s. 0d. In another case the farmer was only sending in a very small quantity of milk, and the Committee decided that in view of the circumstances a caution should be issued to this farmer.

In another case many samples were obtained and the freezing point values were only slightly below 0.530. It was ascertained upon investigation that all the mornings milk yielded a high freezing point, and the evenings milk yielded a low freezing point. The method of

watering and feeding the cattle was found to be similar to the conditions that existed at other farms in this district some years ago, when, after extensive tests and sampling it was found that the method of watering the cattle had an effect on the freezing point of the evenings milk. Similarly, in this case the farmer was advised to have water bowls fitted in his cow shed, and after this was done the milk gradually returned to normal, the evenings and mornings milk giving a balanced freezing point. Under these circumstances no official action, apart from the above, was taken.

OTHER FOODS

With respect to the remaining 58 samples of food, other than milk, found to be unsatisfactory, details of the action taken are set out below :

Foods Found to be Unsatisfactory by Reason of Moulds, Infestation, Rancidity, and Extraneous Matter

Raw Barbados Sugar

A complaint was received respecting the dirty condition of a packet of the above sugar, and the Analyst reported that it contained an excess quantity of foreign material. An investigation was carried out, and it was suggested that this sugar was from the bottom of a sack, as it is not unusual for this type of sugar to contain a certain amount of jute fibre, etc. The remainder of the sugar was found to be satisfactory.

Evaporated Milk

This was the subject of a complaint by a householder, and the Analyst reported that the contents had separated to some extent, possibly due to faulty processing. Other tins examined were satisfactory.

Rice and Pickling Spice

The Analyst reported that samples of the above products were contaminated with grubs and extraneous matter. In both cases these were taken from old stock, and the remainder of the stock was surrendered and destroyed.

Vinegar

A sample of vinegar was found to be contaminated with mould growth, probably due to a defective closure cap. The rest of the stock was examined and found to be satisfactory. No further action was taken.

Pork Loin (Foreign Tinned)

This was a sample taken from a consignment at one of the large stores in the City, and the Analyst reported that the meat had a sour odour, and there were areas of discolouration, due to chromogenic bacteria. After receiving the Analyst's report, the remainder of the consignment was examined, and any tins found to be in a similar condition were surrendered and destroyed.

Cornflour

A complaint was received from a school kitchen respecting some cornflour that had an offensive odour. The Analyst reported that the cornflour was contaminated, making it objectionable for human consumption. The remainder of the cornflour was surrendered and destroyed.

Sugar

A housewife said the sugar she had purchased tasted salty, and on analysis the sample was found to contain 1.52% of sodium chloride. The warehouse where the sugar was packed was visited but no explanation was found for the presence of salt in the sugar.

Halibut

A report was received from a local wholesaler respecting the condition of a halibut. The fish appeared to be in good condition, except for an orange colour permeating the whole of the fish. The Analyst reported that the change of colour was not bacterial and contamination was of unknown origin. As the fish was unsaleable the vendor surrendered it and it was destroyed.

Egg Albumen and Cake with Icing

Two samples were taken, one of egg albumen and one of icing from a cake, following a complaint that the icing had an objectionable odour. The Analyst reported that both samples were unfit for human consumption, and the remainder of the egg albumen was surrendered and destroyed.

Lard

A complaint was received from a local wholesaler respecting a bulk consignment of lard. Samples were obtained and two of these were found to have a very unpleasant odour, due to rancidity. The rest of the consignment was inspected, and any cases of lard found in a similar condition were surrendered and destroyed.

Cream and Dried Milk Powder

Both of these samples were found to contain black specks, which, when examined, were found to be proteinaceous matter, probably due to a fault in processing.

Luncheon Meat

This sample was submitted to the Analyst because of a complaint that a small part on the surface of the meat was black in colour. The Analyst examined it and found vegetable fibres and rust, possibly due to faulty processing. Other tins having the same code number were examined and found to be in a similar condition, instructions were given that any tins so coded were to be withdrawn from sale, and the matter was reported to the manufacturers. Other tins of the same make, but bearing a different code were found to be quite satisfactory.

Tins of Cooked Shoulder Bacon

This informal sample was submitted to the Analyst because of the condition of the gelatine in the tin. The Analyst reported that

the liquid was not sterile, due probably to faulty processing. This product should be kept under refrigeration until opened for sale, and when this is not carried out spoilage of this kind may occur. The vendor was advised accordingly.

Syrup from Tinned Plums

During an inspection of a local shopkeeper's premises that had recently changed hands, some tins of plums were found, and the syrup had a semi-solid consistency. Samples were taken, and the Analyst reported that tin was present in the syrup to the extent of 284 p.p.m. This was probably due to the age of the tins. The shopkeeper was informed, and the remainder of the consignment was surrendered and destroyed.

Pickled Beetroot

Two samples of pickled beetroot were obtained from a consignment and submitted for analysis. In both cases the Analyst reported that decomposition had taken place, and the remainder of the consignment was surrendered and destroyed.

Tea

A housewife complained that some tea she had purchased was unsatisfactory. Upon examination the tea was found to contain a liquid detergent, and when this was explained to the housewife, she realised the contaminant had obviously been inadvertently added in her own house. No further action was taken.

Shrimp Paste (Tins)

A consignment of shrimp paste in tins was received by a local shopkeeper and several of the tins were examined, and in some instances found to have black deposits on the shrimp paste. A sample was sent to the Analyst, and he reported that decomposition had commenced, probably due to unsatisfactory processing, and the total consignment was surrendered and destroyed.

Pastry

A complaint was received from a housewife that some pastry she had made was contaminated with green material. The Analyst examined the piece of pastry, and in his opinion the contamination was not serious, but was probably due to using unclean utensils. The housewife was informed of this, and no further action was taken.

Lys Bars (Whisky and Cognac)

Two samples of these were taken for analysis, and each sample was found to contain alcohol, equivalent to 16.5% proof spirit. No contravention of the Food and Drugs Act was committed, but the Analyst commented that, in his opinion, the sale of this type of sugar confectionery should be restricted. Since the samples were obtained restrictions have, in fact, been placed on the sale of such confectionery.

FOODS — LABELLING OFFENCES

Yorkshire Pudding Mix, Froment, Caro Instant, Grano Starch Rolls, Mella Juice, Pure Malt Vinegar, Beef Curry with Rice, Glace Cherries, Milk Shake and Garlic Salt.

All of the above samples were reported by the Analyst to contravene the Labelling of Food Order, and letters were sent in each instance to the manufacturers calling their attention to the contraventions. In all cases the manufacturers agreed to amend the labels accordingly.

Minced Pork and Casserole Steak

Informal samples of tinned minced pork and casserole steak were obtained. The Analyst reported that the meat content in each case was below 70%, and, in his opinion, this is a contravention of the Labelling of Food Order, 1953. However, as there is no legal standard for this type of product, and in view of recent court decisions relating to this matter, no action was taken.

Brandy Butter

An informal sample of brandy butter was submitted for analysis. The Analyst stated that as he found only 1.84% of brandy to be present, he considered that "brandy flavoured butter" would be a truer description. However, as brandy was found to be present, no action was taken.

FOOD FOUND TO BE ADULTERATED

Pickling Acid

This was a formal sample, and the Analyst reported that there was a deficiency of 11.5% of the declared value of acetic acid. It was decided to institute proceedings, but it was found that the date when proceedings could be instituted had expired. A further sample was obtained and found to be satisfactory.

Ground Nutmegs

An informal sample of ground nutmegs was found to be unsatisfactory as the volatile oil content was 15% lower than the normal minimum limit. The sample was aged and the type of container also suspect, so the remainder of the stock was surrendered and destroyed.

Flour

Two samples of flour, one informal and one formal, were obtained, and both were found to contain excess creta, in contravention of the Flour (Composition) Regulations, 1956. A letter was sent to the manufacturers, calling their attention to this excess.

Shredded Suet

Three informal samples of shredded suet were all found to be deficient of fat, in contravention of the Food Standards Suet Order, 1952. Three formal samples were obtained, and these were found to be genuine. No further action was taken.

Currants

An informal sample of currants was purchased from a local shop-keeper and found to be contaminated by larval droppings and pupal threads. An Inspector revisited the shop, and found further packets of similar currants on sale. These were seized and the shop-keeper prosecuted and fined.

Whisky

A formal sample of whisky was found to contain a small amount of flocculent material in suspension, and this the Analyst stated appeared to be due to the oxidation product of oily material in the original brew. A letter was sent to the manufacturers, calling their attention to this matter.

Bread

A householder complained that a loaf of bread he had purchased contained rodent excreta. This was submitted to the Analyst for examination, and he confirmed that the foreign matter was indeed rodent excreta. The vendor was prosecuted and fined.

SAMPLES OF DRUGS

During the year, 148 samples of drugs were submitted for analysis, and of these 105 were found to be genuine, and 43 unsatisfactory. Details of the unsatisfactory samples and the action taken are set out below :—

‘ Nervine ’ Tonic

This was a formal sample, and the Analyst reported that certain ingredients claimed on the label were absent from the mixture. The vendor was prosecuted and fined £50.

Parrishs Food

An informal sample was found on analysis to contain a deposit of insoluble phosphate salts, probably due to the age of the material. The vendor was notified, and the remainder of the stock was surrendered and destroyed.

Glycerine, Borax and Honey and Glycerine, Lemon and Honey

One sample of each of these two compounds was obtained, and in each case the Analyst reported them to be aged stock, and, therefore, unsatisfactory. The vendors were notified, and the remainder of the stock surrendered and destroyed.

Pectoral Balsam

This informal sample was reported as unsatisfactory due to its being aged stock. The vendor was interviewed and it was ascertained that he had recently purchased the business, and the sample was of stock taken over by him. Under these circumstances he was allowed to surrender the remainder of the stock for destruction.

Cold and Influenza Mixture

The circumstances in this case were exactly similar to those of the sample reported above.

'Elasto' Tablets

This was a formal sample reported to contain calcium fluoride, 380 times in excess of the declared value. The manufacturers of the product were informed of this excess, and they pointed out that this preparation was of a homoeopathic nature. Medical opinion was sought and was given to the effect that this excess of calcium fluoride would not be prejudicial to the persons concerned. As a result, this summons was withdrawn.

Charcoal Tablets

Subsequent to the Analyst reporting an informal sample of these tablets to be unsatisfactory, a formal sample was obtained, which proved on analysis to be genuine.

Liquid Paraffin

The circumstances in this case were exactly similar to those of the sample reported above.

Olive Oil

An informal sample of this product was found to contain a deposit, or sediment, and dust particles. A letter was sent to the suppliers, and a reply was received that they were withdrawing from sale the olive oil complained of.

Olivette

The Analyst reported that this sample contained a mixture of vegetable oils, but he is of the opinion that the percentage of olive oil should be greater than the 20% he found present. However, as there is no legal standard for this commodity and the preparation did contain vegetable oils, no further action was taken.

Nasal Drops

This sample was the subject of a complaint made by a householder that the nasal drops, a prescription made up by a local chemist, contained some foreign substance. The Analyst reported that the nasal drops contained a brown flocculent deposit and the drops had suffered decomposition. The chemist who made the nasal drops was interviewed. The materials from which the drops were dispensed were examined, and these were found to be satisfactory. The chemist was interviewed and advised to take more care in future, and the nasal drops were replaced.

Medicated Cream Shampoo

This informal sample was reported as unsatisfactory in that the label claimed the presence of the ingredient Hexachlorophane whereas it should have been Hexachlorophene. A letter was sent to the manufacturers drawing their attention to the spelling error.

Eldermint Life Drops

An informal sample of these life drops was obtained from a local shopkeeper, and the sample was reported to be 99.8% deficient of the declared chloroform. When the premises were re-visited the Inspector was unable to obtain a formal sample as there was one bottle remaining in the shop, and this was only three-quarters full. The stock was aged, and the one bottle was returned to the manufacturers informing them of the Analyst's comments.

Chamomile Flowers

An informal sample of chamomile flowers was submitted to the Analyst, and he stated that the sample labelled "Chamomile Flowers B.P.C.", was not included as a monograph in the 1959 B.P.C. The sample in question was old stock; the vendor was notified of the Analyst's comments, and the stock surrendered.

Children's Aspirins

Two samples of these tablets were taken, one of which bore a label which did not conform with the Pharmacy and Medicines Act, and this matter was referred to the Chief Weights and Measures Inspector.

The second sample was reported unsatisfactory due to the presence of excess free salicyclic acid. A letter was sent to the manufacturers, who, in reply, gave an undertaking to increase inspection on the production line to try to obviate any further trouble.

Baby Cream

This was an informal sample of baby cream and the label claimed castor 25%. The Analyst found castor oil to be present and he reported that castor 25% was an unsatisfactory description and in his opinion was a contravention of the Pharmacy and Medicines Act, 1941. As this appeared to be only a minor irregularity no action was taken.

Indian Brandee

This informal sample was reported to be unsatisfactory due to age. The vendor was interviewed and the remainder of the stock was surrendered.

Wintergreen Ointment

An informal and a formal sample of this ointment were obtained and the Analyst reported both samples to be deficient in wintergreen content. This ointment was found to be very old stock and the vendor was cautioned and allowed to surrender the remainder of the tins in stock.

Anti Tobacco Tablets

This was an informal sample and the Analyst reported that the tablets contained the substance Ext. Quassia B.P.C. This substance is no longer included as a monograph in the B.P.C. A letter was sent to the manufacturer drawing attention to this point.

Almond Oil

This was an informal sample, which upon analysis was found to possess an acid value $4\frac{1}{2}$ times in excess of the permitted level. This sample was old stock and the shopkeeper was interviewed and the remainder of the stock, comprising two bottles, was surrendered and destroyed.

Mineral Salts

Three samples of mineral salts were reported unsatisfactory, one being of Juno-Junipah and the other two being formal and informal samples of Kruschen Salts.

In the first case the informal sample of the salts was found on analysis to be deficient of one of the specified ingredients. This sample was, however, taken towards the close of the year, and a report on the formal sample, which will be obtained, will be included in the next Annual Report.

The two samples of Kruschen Salts were both reported as unsatisfactory due to variations found on analysis to the published formula exhibited on the label. The matter was taken up with the manufacturers, and after protracted negotiation they agreed to take more stringent precautions in the future compounding of this product.

Throat Tablets, Lozenges and Pastilles

An informal sample of Iodised Throat Lozenges was reported by the Analyst as containing Iodine in excess of the amount stated on the label. It was decided, however, that this was not prejudicial to the purchaser, and no further action was taken.

A sample of Linseed, Liquorice and Chlorodyne Lozenges, purchased informally, was found on analysis to be deficient of the declared Chloroform content. The manufacturers were notified, and they replied that they would investigate the best method for the future packaging of the lozenges to prevent the loss of Chloroform.

An informal sample of Balm of Gilead Cough Pastilles were obtained, and proved on analysis to be deficient of the stated amount of Chloroform. As this sample was purchased at the close of the year the report on the formal sample, which will be obtained, will be included in the next Annual Report.

Raspberry Vinegar and Olive Oil

This informally purchased sample was the subject of a variance of opinions on its labelling; this variance being resolved after protracted negotiations with the manufacturers.

Vitamin Products

Five samples of vitaminised oral preparations were reported unsatisfactory during the year, and the details of each report follow.

An informally and a formally purchased sample of Multiple Vitamin Tablets were reported as being deficient of Vitamin A.

Legal proceedings were instituted against the vendor, and after hearing a variance of evidence and opinions the Magistrates decided to have the third portion of the formal sample sent for analysis to the Government Chemist. The analytical report received from him stated that the Vitamin A content of the tablets was substantially correct and the Magistrates then dismissed the summons, with costs against the Corporation of forty-five guineas.

Vitaminised Iron Tablets

The Analyst's report stated that whereas the sample was analytically satisfactory ; certain wording of the leaflet enclosed with the product offended against the Medical Research Council's Code of Practice for advertising Vitamin and Mineral products. A letter was sent to the manufacturers calling their attention to this, and they agreed to delete the offending words from the leaflet.

Halibut Liver Oil Capsules B.P.

An informal sample of these capsules was found to be deficient of 7.8% Vitamin A according to the label. On analysis of a further sample they were reported satisfactory, and so no further action was taken.

" Adexolin " Capsules

This informally purchased sample was found on analysis to be deficient in Vitamin A content. The vendor was interviewed and it was ascertained that he had taken over the product with the other stock after the recent purchase of the pharmacy. He was requested and agreed to surrender the rest of the stock of this product, and, therefore, no official action was taken.

Cough Mixtures, Etc.

Eight samples of the above were reported unsatisfactory throughout the year, and the action taken in each instance follows below.

R.C.L. Cough Linctus

This sample was obtained from a pharmacy which had recently changed its ownership. The product was of a rather aged stock, and upon the new owner being asked, he agreed to surrender for destruction all of his stock of this product.

Tussola Cough Mixture

This was a formal sample following a previous unsatisfactory informal sample, and the Analyst's report showed Pholcodine present in excess of its declared value. Proceedings were instituted against the manufacturers, and after the Magistrates had heard a variance of opinions and facts regarding the analysis the third

portion of the sample was submitted for analysis by the Government Chemist. This sample was, however, broken in transit, and under the circumstances there was no alternative but to ask for the summons to be withdrawn.

Balsam and Aniseed Cough Mixture

This sample was reported by the Analyst to be deficient of acetic acid and chloroform and was unsatisfactorily labelled. This was old stock and the vendor was interviewed and surrendered the remainder of the stock of this product.

Owbridges Lung Tonic

Two samples were obtained, one formal and one informal, both being reported on analysis to be deficient of Chloroform. Proceedings were instituted against the vendor, but the Magistrates found no case to answer on the evidence produced and awarded forty-five guineas cost against the Corporation. The opinion of Counsel was then sought as to the right of appeal, etc. but it was decided after consultation that no further action should be taken.

A further informally purchased sample of this product was obtained whilst the prosecution was pending, and that too showed a large deficiency of Chloroform, below the declared value.

Bronchial Mixture

Two samples of bronchial mixture, one formal and one informal, were reported by the Analyst to be deficient of chloroform. A letter was sent to the manufacturers, who expressed their regret, and stated their intention to review their methods of production.

FOOD AND DRUGS SAMPLES — STATISTICS — TOTAL NUMBER OF SAMPLES 1,828

Total number of samples found to be unsatisfactory	165
Percentage found to be unsatisfactory	9.15%

Milk Samples — Total 1,262

Percentage found to be adulterated	..	..	..	1.1%
Percentage found to be deficient of solids not fat or fat	..	..	..	3.96%

Samples of Food Excluding Milk — Total 418

Percentage of samples found to have unsatisfactory labels	..	..	..	..	4.55%
Percentage of samples found to be adulterated	..	..	..	..	3.15%
Percentage of samples found to be unsatisfactory by reason of rancidity, moulds, contamination, etc.	..	..	..	..	6.225%

Samples of Drugs — Total 148

Percentage of samples found to have unsatisfactory labels	..	..	..	..	7.43%
Percentage of samples found to be adulterated	..	..	..	..	18.89%
Percentage of samples found to be unsatisfactory due to age etc.	..	..	..	..	2.7%

VISITS IN CONNEXION WITH FOOD INSPECTION

Institutions	1
Food Shops	1,065
Food Preparing Premises	29
Abattoir	23
Markets	47
Food and Drugs	71
Other Premises	318
Cottagers Pigs	4
	TOTAL :
	<u>1,558</u>

VISITS TO PREMISES

Dairies	467
Milk Shops (Personal Reg.)	10
Hawkers	89
Schools	5
Registered Shops (Fish Friers)	287
Registered Shops (Cooked Meats)	121
Registered Shops (Ice Cream)	198
Butchers Shops	359
Other Shops	645
Food Preparing Premises	598
Food Vehicles	2
Markets	29
Food Poisoning Visits	1,091
Food Poisoning Revisits	179
Milk and Food Sampling	212
Miscellaneous	1,320
Rivers, Streams, Brooks	645
	TOTAL :
	<u>6,257</u>

Details of work carried out under the Food Hygiene (General) Regulations, 1960.

Number of Food Premises :

Cleansed and redecorated	93
Structural repairs carried out	3
Lockers Provided	1
Sinks provided	2
Wash hand basins provided	27
Hot water provided	21
Refrigeration provided	6
Screening of open food provided	25
Tables and counters covered with impervious material	17
Floors repaired or renewed	19
Accumulations of refuse removed and bins provided	10
Provided with First Aid Kit	13
Shop counters covered with impervious material	3
Wash notices on water closet doors	25
New Dustbins provided	4
	<u>269</u>

BACTERIOLOGICAL EXAMINATION OF FOOD

During the year 164 samples of food were submitted to the Public Health Laboratory in connexion with cases of food poisoning and in respect of complaints from shops and canteens.

Details of the samples submitted and the results obtained are set out below :—

Types of Food	No. Submitted	No. Satisfactory	No. Unsatisfactory
Desiccated Coconut & Products	119	118	1 Salmonella
Polish Pork Loin (Tinned)	4	4	—
Pork Pies	4	2	2 Staphylococcus Aureus and Aerobic Sporing Bacilli
Mixed Vegetables (Tinned)	2	2	—
Egg White	10	10	—
Whole Eggs (Dried & Liquid)	4	4	—
Mussels	2	2	—
Stuffed Pork Loin	1	—	1 Staphylococcus Aureus
Boiled Ham	1	—	1 Staphylococcus Aureus
Gingerbread Cake	1	1	—
Fish Paste	1	1	—
Tinned Milk	1	1	—
Dried Milk	1	1	—
Baby Foods (Oats) (Soup)	2	2	—
Trifle	1	1	—
Faggot	1	1	—
Pressed Pork	2	2	—
Brawn	1	1	—
Gelatine	3	2	1 Staphylococcus Aureus
Tin of Tender Loin	1	1	—
Meat Pie	1	1	—
Cream Cakes	1	—	1 Coliform Bacilli

In addition to the above, 13 swabs were taken from Butchers Shops :—

9 from tables, chopping blocks etc.,

4 from drains,

and all gave negative results.

One of the samples of a pork pie that was reported to contain *Staphylococcus aureus* was obtained under the following circumstances :—

A notification was received that four persons were affected with food poisoning after consuming a pork pie. A portion of the pie remaining was found to be contaminated with *Staphylococcus aureus*. The pie was purchased from a local shopkeeper, and all four persons were ill with sickness and diarrhoea within four hours

of eating a portion of the pie. The vendor's premises were visited, and the date of manufacture ascertained. All the persons employed in the business were examined, and nose and throat swabs taken. Five of these employees were found to be carrying *Staphylococcus aureus* in either the nose or throat, but none were of the same type as that found in the pork pie.

Samples were also taken of gelatine powder that was used in the manufacture of the pie, and this was also found to contain *Staphylococcus aureus*. The rest of this gelatine was surrendered and destroyed. Samples were taken of glazing, faggots, roast pork, pressed beef, brawn, pork pie and gelatine used in brawn and pressed beef. The results of these samples were negative. Swabs were also taken from the chopping block, knife, cleaver and from the drain, the swab from the chopping block showed *Staphylococcus aureus*, and the one from the knife had aerobic sporing bacilli.

Faecal specimens were obtained from the four patients, and two of these contained *Staphylococcus aureus*. An examination of all the results obtained, however, showed that no two of the positives were of the same type, and because of this fact it was impossible to say where the food poisoning originated. The investigation showed that there was a potential danger in the pork pie and in the persons employed in the business. All these persons were instructed to attend their local practitioner for treatment.

Acting upon information received that some desiccated coconut was infected with salmonella in the country, 119 samples were obtained from various shops in the City. 118 of these were found to be satisfactory, and one contained salmonella Seftenberg, a food poisoning organism. This consignment of coconut was surrendered and destroyed.

Another sample of pork pie, and a sample of cream cakes were obtained in connexion with a suspected case of food poisoning. The Bacteriologist reported that aerobic sporing bacilli were found on the pork pie, and coliform bacilli in the cream cakes. This contamination could have taken place in the patient's home, and was not of a serious nature. Both patients concerned submitted faecal specimens, and these were found to be negative.

The sample of boiled ham was obtained from a housewife following a report of suspected food poisoning. Faecal specimens were obtained and an examination of these and the boiled ham revealed that *Staphylococcus aureus* was present in both. Investigation revealed that the ham had been cooked by the housewife, and it was assumed that the ham became contaminated in the house after cooking.

The stuffed pork loin that was reported to contain *Staphylococcus aureus* was obtained in connexion with another case, but in this instance the source of infection was not ascertained.

INSPECTIONS CARRIED OUT AT MARKETS, SHOPS AND STORES

During the year, 3,007 inspections were made of markets, shops, and stalls, etc., where food is prepared, stored or exposed for sale. Of this number, 1,558 visits were made for the purpose of examining food to ascertain its fitness or otherwise for human consumption. In the cases where food was found to be unfit, it was surrendered by the owner, and a surrender certificate issued. The surrendered foods were destroyed locally at the refuse destructor, except where they had some value as animal feeding stuffs.

The quantities of food surrendered as unfit during the year are set out below :—

Unsound Food

Total Weight of Food Surrendered

			Tons	Cwts.	Qrs.	Lbs.
Meat ..	..	..	..	—	10	2
Fish ..	..	..	..	3	1	0
Poultry ..	..	..	..	—	1	2
Fresh Fruit and Vegetables			5	12	2	5
Potatoes (Jersey) ..	..	..	15	19	1	16
Other Foods ..	..	..	3	15	0	25½
TOTAL : ..			29	0	1	4

The meat referred to in this table is in addition to that condemned at the Abattoir.

CANNED FOODS

Meat ..	..	..	..	..	..	2,698
Fruit and Vegetables ..	..	..	..	..	..	15,517
Others ..	..	..	..	..	..	3,226

FOOD AND DRUGS ACT 1955

Premises registered under Section 16 of the Act for the Manufacture, Storage or Sale of Food

This section prohibits the use of premises for the manufacture or sale of the under-mentioned foods unless the premises are suitable for the purpose and are duly registered by the local authority.

- (a) The sale or manufacture of ice cream or the storage of ice cream intended for sale ; or
- (b) the preparation or manufacture of sausages, potted, pressed, pickled or preserved food intended for sale. (The preparation of meat or fish by cooking is deemed to be the preservation thereof for this purpose).

Before registration is effected the premises must comply with the provisions of the Food Hygiene (General) Regulations, 1960, which lays down certain requirements relating to structural conditions, suitability and cleanliness which must be observed in order to prevent contamination of the food produced or sold.

The number of registered premises under the Act is set out as follows :—

	1960
Number of premises on register, 1st January	1,213
Number of premises added to register during the year	74
Number of premises discontinued during year	13
Number of premises on register, 31st December	1,274

CLASSIFICATION OF PREMISES REGISTERED AT CLOSE OF YEAR

	1960
Premises registered for the manufacture of ice cream	21
Premises registered for the storage and sale of ice cream	953
Premises registered for the preparation or manufacture of pressed, potted or preserved meat, etc.	140
Premises registered for cooking of fish	85
Premises registered for the manufacture of sausages only	75

MILK

It is estimated that the quantity of milk consumed daily in the City is approximately 35,500 gallons, comprising :—

	Gallons
Milk from farms in the City	400
Milk from farms within 25-30 mile radius	22,000
Milk from Distributing Depots	13,100
	<hr/>
	35,500

As Coventry is in a specified area, all this milk must be sold as designated milk, and the 35,500 gallons are made up as follows :—

Channel Island Pasteurised Milk	1,200
Pasteurised Milk	24,500
Tuberculin Tested Pasteurised Milk	5,200
Tuberculin Tested Milk	100
Sterilised Milk	4,500

Only a few complaints were received during the year, and these referred chiefly to dirty bottles. All the complaints were investigated and the dairymen concerned advised and warned.

Approximately 1,610 gallons of milk were supplied daily to the schools in the City, this being served to 38,630 children per day. Apart from this, milk is also supplied daily to the school kitchens.

The milk has been sampled and submitted for chemical and bacteriological examination regularly throughout the year, and the results have generally been satisfactory. Details of those results are reported later.

PURVEYORS OF MILK

Number of retail purveyors selling milk within the City :—

	1959	1960
(a) residing in the City	67	65
(b) Number of retail purveyors selling bottled milk only, from shop premises	440	423

During the year 477 inspections were made of dairies, milkshops and milk vehicles.

All the dairies were inspected frequently during the year and the following contraventions were found and remedied :—

New floor provided	1
Dirty Walls and Ceilings cleansed	1

In addition at one dairy new facilities for the staff were provided and these included a staff canteen with kitchen and also sanitary accommodation for males and females.

A new bottle washing machine was also provided.

At another dairy the Holder type pasteurisers were replaced with a A.P.V. 400 gallons per hour High Temperature Short Time plant.

DESIGNATED MILK

The Milk and Dairies (General) Regulations, 1959

The Milk (Special Designation) Regulations, 1960

Table setting out the number of licences issued during 1960.

Pasteurised Milk, Pasteurisers' Licences	7
Pasteurised Milk, Dealers' Licences	372
Sterilised Milk, Dealers' Licences	456
Tuberculin Tested Milk, Dealers' Licences	130

The seven pasteurisers' licences include five licences to pasteurise milk by the High Temperature Short Time Process and two by the Holder Process.

All the milk sold in the City with the exception of a small quantity of Tuberculin tested Milk is either pasteurised, T.T. pasteurised or sterilised.

Samples of milk were obtained from all the processing dairies in the City, and samples were also taken of milk processed outside the City and retailed here. All samples submitted to the City Analyst for examination, and the number of samples submitted and the results obtained are set out overleaf.

TABLE SHOWING NUMBER OF SAMPLES AND RESULTS

Designation	No. of Samples Obtained	No. Satisfactory	No. unsatisfactory			
			Total Unsatisfactory	By Methylene Blue Test	By Phosphatase Test	By Turbidity Test
Pasteurised	310	309	1	—	1	—
Pasteurised Channel Island	34	34	—	—	—	—
Pasteurised School	177	177	—	—	—	—
T.T. Pasteurised	190	190	—	—	—	—
T.T. Pasteurised Channel Island	114	113	1	—	1	—
Sterilised	195	195	—	—	—	—
TOTAL	1,020	1,018	2	—	2	—

1,020 samples of designated milk were obtained during 1960, as compared with 1,114 samples in 1959. The percentage of samples failing the prescribed tests was 0·196%, compared with 0·72% in 1959.

44 samples submitted for the Methylene Blue Test were reported void as the atmospheric shade temperature was above 65°F.

During the year 2 samples submitted for the Phosphatase Test were reported as unsatisfactory and the cause believed to be due to mechanical failures of the flow diversion valves of the processing plant. In each case visits were made to the dairies concerned and the plant and equipment inspected and checked, and after attention to the plant by the plant installation engineers repeat samples were taken and proved on analysis to be satisfactory.

ICE CREAM

Food and Drugs Act, 1955 (Section 16) Ice Cream (Heat Treatment, etc.) Regulations 1947-1959

The number of premises registered for the manufacture, storage and sale of ice cream within the City at the close of the year are as follows :—

1960

No. of premises registered for manufacture and sale 21
No. of premises registered for storage and sale only 967

During the year inspections of premises and vehicles were made, and 84 samples of ice cream were submitted to the Public Health Laboratory for examination for bacteriological cleanliness in accordance with the Ministry's provisional grades.

The samples were graded as follows :—

Grade 1	63	Satisfactory
Grade 2	15	
Grade 3	5	
Grade 4	1	

Unsatisfactory

In connection with the unsatisfactory samples investigations were made at the manufacturers' premises, and the plant, equipment and thermometers were checked, and advice was given respecting cleanliness and sterilisation of equipment.

One of the unsatisfactory samples was obtained from a van and the vendor was advised about storage and sterilisation and repeat samples were taken and found to be satisfactory.

Table of Comparison of Ice Cream Samples Taken 1952-1960

	No. of Samples	No. Satisfactory	No. Unsatisfactory	% Unsatisfactory
1952	221	165	56	25%
1953	116	92	24	21%
1954	85	54	31	37%
1955	73	63	10	14%
1956	15	10	5	33½%
1957	148	126	22	14.8%
1958	95	89	6	6.3%
1959	108	89	19	17.6%
1960	84	78	6	7.4%

LEGAL PROCEEDINGS

Legal proceedings were instituted in thirty-two cases. Under Section 2 of the Food and Drugs Act, 1955, a total of eight summonses were served. Of these, three were in respect of the sale of food not of the substance demanded, namely, cheese containing a drawing pin, a bacon roll containing a finger bandage, and a loaf of brown bread having pieces of metal embedded in it. Fines and costs amounting to £17 4s. 0d. were imposed. Three others related to medicines not of the substance demanded, and fines and costs totalling £58 7s. 0d. were imposed. The two summonses remaining under Section 2 were in respect of the sale of food not of the quality demanded, with fines and costs of £7 0s. 0d. Under Section 8 of the Food and Drugs Act, 1955, nine summonses were served, of which seven were in respect of articles of food sold when unfit for human consumption. The magistrates imposed fines and costs of £44 12s. 0d. on five summonses, and dismissed two. Two summonses served in respect of "exposure" and "possession" of unfit food for sale were proved and total fines of £10 were imposed.

A contravention of the Sale of Milk Regulations, 1939, was the subject of one summons which related to an "Appeal to Cow" sample of milk, which was found to contain added water to the extent of 4·57%, based on the milk solids not fat. A plea of guilty was made, and a fine of £5 0s. 0d. imposed.

Contraventions of the Food Hygiene Regulations, 1955, were found to exist at one premises, and three summonses were served in respect of them. The contraventions related to

- (a) a food business being carried on in insanitary premises,
- (b) a sanitary convenience not being kept clean and in efficient order.
- (c) failing to provide a supply of hot water at a suitably controlled temperature to a sink.

All the summonses were proved, and a fine of £5 0s. 0d. imposed in each instance, with £3 3s. 0d. costs.

Twelve summonses were served in respect of non-compliance with statutory abatement notices under Section 92 and 93 of the Public Health Act, 1936, concerning statutory nuisances found to exist in dwelling houses. In three instances the magistrates made a nuisance order requiring the work to be completed within a specified period. An adjournment was granted in each of the other nine cases, the work being in progress at the date of the Court hearing, and subsequently completed in the period of adjournment. One summons was issued in respect of non-compliance with a notice served under Section 56 of the Public Health Act, 1936, and an adjournment was granted, as the work was in progress at the time of the Court hearing. Adjournments were also granted in respect of four summonses served under Section 45 of the Public Health Act, 1936. Nine summonses were served under Section 39 of the Act. A fine of

£2 0s. 0d. was imposed on each of two summonses, £5 0s. 0d. on another, and in the case of the remaining six summonses an adjournment was granted, the work being in progress at the date of the Court hearing.

In connection with the prosecutions instituted in 1959 under the "camping on unlicensed sites" provisions of the Coventry Corporation Act, 1958, appeals to the Court of Quarter Sessions against the conviction and maximum fines of £10 0s. 0d. on each of two counts imposed by the Magistrates Court were lodged by the site owner. The appeals were heard during the year under review, when that against conviction for the offences was dismissed. The appeal against the imposition of maximum fines was allowed to the extent of fines of £5 0s. 0d. being substituted for the fines of £10 0s. 0d. originally imposed.

HEALTH EDUCATION AND FOOD HYGIENE

It has been said that the work of the Public Health Inspector is largely Health Education. Each visit he makes usually entails advice; each complaint demands explanation of the risk involved to the public health, and each inspection may be followed by a notice, which has usually been previously justified to the receiver by a few words on its necessity. Most education is a form of persuasion and the Public Health Inspector has long experience of persuasion, backed always by the knowledge that he has recourse to the magistrates, if all else fails. It must not be felt, therefore, that health education begins and ends with public talks, films, demonstrations and exhibitions. The work is day to day work in the main, and is always to the fore of an Inspector's duties.

Organised talks, however, have their place, and many have been given during the year. The course on Food Hygiene, organised by the St. John's Ambulance Association in conjunction with this Department, has now become a yearly event. The course run during 1960 did not receive the support it should from the food trades, and attendances were disappointing. Nine candidates presented themselves, all were successful in the final examination, and received certificates to that effect from the Association. Attendance at these courses is, of course, quite voluntary, and the course competes, as do all evening classes, with the myriad modern forms of entertainment, but as food handlers in the City are numbered in thousands it is still a disappointing result for the organisers.

All new entrants to the School Meals Service again received instruction in food hygiene and the causes and prevention of food poisoning. Lectures were also given to School Kitchen Supervisors on a refresher course, organised by the Education Department. This is an opportunity the Department appreciates, since the health and safety of so many children depends on meals provided for them at school. Similar instruction was also given to new entrants to the Home Helps Service, who prepare food in the homes they visit. They also were given a description of the environmental hygiene facilities of the Department, since they must meet many conditions remediable only by Public Health Law.

Other courses at which a speaker was provided were the Nursery Nurse, City and Guilds catering and the Licensed Trades courses, all of whom are concerned with Food Hygiene.

Many requests for a speaker were also received from local organisations, and were happily met. Public interest in one's work is always stimulating, and it is felt that the public can do much to protect themselves against practices, which are contrary to the interests of their health. The main purpose of such talks is to review the protection given them by existing law, and by local services.

Work has continued steadily in the improvement of food premises, and 7,616 visits were made during the year. The great majority were in a satisfactory condition, but following notices, 269 contraventions were complied with under the Food Hygiene Regulations. Details of these improvements are given on another page. It will be noted that many occupiers of premises seem to rely on the visit of an Inspector to prod them into activity where cleansing and re-decorating are concerned.

There were no major outbreaks of food poisoning during the year. This achievement, however, is tempered by the number of sporadic cases notified and confirmed, namely 56. These entail exhaustive enquiries, but tracing the source of infection has proved impossible in most of the cases. Where many simultaneous cases have eaten similar food the source becomes clear, but it is difficult to implicate a specific foodstuff or premises when only one person is affected. Late notification has also hampered enquiries. However, the families of each case receive advice on personal hygiene, and all food handlers are excluded from work until negative faecal samples are obtained.

Notification of cases has improved, but during the year investigation of one notified case revealed that there had been contact with a family suffering from vomiting and diarrhoea. Tests were made of this family and all except the father were found to be excreting *Salmonella* germs. None had been notified cases. Such undiscovered cases could well be food handlers, and thus form a nucleus of infection for the sporadic cases occurring in the City.

The investigation of food poisoning cases is thorough and time consuming. Many of the enquiries prove fruitless because sources of infection cannot be pinpointed due to the fact that all cases are not notified and so links in the chain of infection are missing. However, the most disturbing feature of incomplete notification is the danger that possible carriers of food poisoning organisms return to employment in food trades without being tested. It is illegal to engage in food handling when knowingly carrying food poisoning organisms, but many people may innocently have returned to such trades and become a danger to the consumer. Notification of all suspected cases would mean extra work but it would be well worthwhile if it finally led to the discovery of sources of infection and thus ultimately to the purpose of investigation — i.e. fewer cases.

RIVERS AND STREAMS

The general condition of the rivers, streams and brooks in the City has been found to be good for most of the year, and improvement in the last year or two has been continued. In view of this improvement less samples have been taken. However, intermittent pollution has taken place at a number of points, but in most instances, due to the vigilance of the Inspectors, the sources have been found, and the pollution discontinued very quickly. The main pollution in all the water courses is still due to surcharging sewers, and during the past year, because of the heavy storms and rainfall, this has occurred on many occasions. Fortunately, when this happens the dilution in the river is at its highest, and no serious lasting effects are noticed. Details of the serious intermittent pollutions found are described below.

Eastern Green Brook

Early in the year a leakage of fuel oil was found to be gaining access to the Brook at Banner Lane, and this was traced to a defective oil pipe line at a nearby school. This pipe line was repaired, all the gullies and drains were cleaned and the oil removed, and screens were erected in the drainage to prevent any more oil gaining access to the Brook.

In Brookside Avenue there is situated a storm overflow on the foul sewer. This sewer has, unfortunately, on one or two occasions become obstructed and allowed crude sewage to be discharged into the Eastern Green Brook. On each occasion the City Engineer's men have removed the obstruction and cleaned the banks of the brook concerned.

River Sherbourne

An investigation carried out with the Officers of the Severn River Board and representatives of the City Engineer's Department revealed that sewage was gaining access to the River Sherbourne via the storm water sewer in Gulson Road. This was traced to an adjacent building where it was found that a foul sewer had been wrongly connected to the storm water sewer. This was immediately cut off and connected to the foul sewer, and this source of pollution then ceased.

Towards the end of the year serious pollution of the River Sherbourne was found to be due to discharge of oil from a local Works. This matter was taken up by the River Board's Inspector and the City Engineer's Department, and alterations are being carried out to the existing oil traps, and an improvement should be noticed in the very near future.

Springfield Brook

The Springfield Brook at Matlock Road is continually being polluted mainly by storm overflows on the foul sewer, which operate at the least rise in flow. This pollution should be minimized when the relief sewer is constructed in the near future. Apart from this, however, it has been found on several occasions that trade waste was gaining access to the Brook via the storm water sewers in the Burnaby Road area. After extensive investigation it was found that the drains

at one of the large factories, carrying calcium, silica and magnesium, were wrongly connected to the storm water sewer. The management, upon being informed, immediately disconnected these drains, and another source of pollution was eliminated.

During the year serious pollution has taken place in the Swanswell Pool, due to the overflowing of the Springfield Brook, which contains sewage from surcharged sewers. The sewage gains access to the Pool when the grid at the entrance to the culvert in Swanswell Park becomes obstructed, and this occurs in times of floods. Discussions took place with the Medical Officer of Health, City Engineer's Department, Parks Department and the Water Department respecting the condition of this pool, and suggestions were made to the various Committees with a view to providing a solution. At the present time a wall is to be built to prevent the Springfield Brook gaining access to the Swanswell Pool. The question of cleaning and reconstruction of the pool is also under consideration.

Canley Brook

Canley Brook is usually in a very good condition, but at one point petrol and paraffin were found to be gaining access to the brook, and this was traced to a large petrol Depot. Work was carried out at this Depot to prevent the petrol and paraffin gaining access to the storm drains.

Bell Green Brook

The most serious pollution that occurred during the year was found in the Bell Green Brook. The brook was reddish brown in colour with a distinctive odour, and a sample indicated that the brook contained gas liquor. The pollution from this point was so great that it affected the whole length of the River Sowe from where the brook entered the Sowe — the rear of Purcell Road, as far as Stonebridge Highway — where the river left the City. Investigations were carried out by Inspectors and the City Engineer's Department, and it was found that the main sewer, in Foleshill, was obstructed and was surcharging via a storm overflow into the Bell Green Brook. The obstruction was a serious one, and took several days to clear, and this pollution continued for approximately two weeks. The River Board was very concerned about this pollution because of the serious nature of the polluting material.

River Sowe

In July a complaint was received respecting oil on the surface of the River Sowe. This was traced after a great deal of trouble to a factory in the Bell Green area. The attention of the management was drawn to this matter, and steps are being taken to either disconnect the drain carrying the pollution or to provide grease traps to prevent the oil gaining access to the storm water drains.

Observations were also carried out at Wyken Slough, and a number of fish were reported to have been killed in the Canberra Road Brook and in the Slough that the brook feeds. The pollution causing the death of the fish was thought to be cyanide, but it was evident from the analysis of the samples that the pollution had

practically disappeared when the Inspector visited the pool. Further samples were found to be reasonably satisfactory.

On several occasions the sewers in Binley Road have surcharged, and flooded houses and the roadway with sewage, and a certain amount of this sewage gained access to the River Sowe. It is intended to put a large storm water sewer in Binley Road and storm overflows on the existing foul sewer will be connected to it. In times of storm or on any occasion when the sewer surcharges, the sewage will then flow into the River Sowe, through this new storm water sewer, and thus cause another source of pollution. The present Sowe valley sewer in this area is already overloaded.

SWIMMING POOLS AND PADDLING POOL

During the year 43 visits have been made to the following swimming pools and paddling pool, and 33 samples of water were obtained for bacteriological examination and 36 samples taken to ascertain the chlorine content.

Livingstone Road Public Baths
 Gosford Park Open Air Swimming Pool
 Manor Park School Open Air Bath
 Canley Training College Swimming Bath
 Caludon Castle Swimming Bath
 Lyng Hall Swimming Bath
 Binley Paddling Pool

Details of the results of the samples are set out in the accompanying table, and in most cases have been consistently good.

With respect to the pool at Manor Park School this is a new open-air pool provided for the school by the Parents' Association and is well constructed and has a capacity of 17,000 gallons. The water is constantly being filtered and has a complete circulation every six hours. Originally hand-chlorination was carried out but the standard of purity of the water was not quite as satisfactory as required ; the water sampling results showing that coliform bacilli were present on several occasions. An automatic chlorinator has now been provided and although this was not in operation until late in the season there was a definite improvement in the standard of purity from the date of installation.

Apart from swimming pools there is also a publicly owned children's paddling pool in Binley Road. This pool, owing to its nature and usage, is very difficult to keep clean and free from contamination, and it is not surprising that contamination, at times of heavy usage, is very high. The pool is filled twice weekly with mains water and treated chemically daily, but the contaminated conditions, in my opinion, will never be completely remedied until some automatic method of filtration and chlorination is installed.

All the other pools and baths listed above are fitted with automatic methods of filtration and chlorination, and are in excellent condition.

[N.B. Descriptive details of the two Public Swimming pools at Livingstone Road and Gosford Park respectively appear at pages 77 and 78 herein].

RESULTS OF SWIMMING POOL WATER SAMPLING

CANAL BOATS

During the year thirty-two visits were made to the canal, and the cabins of forty-six boats were examined and found to be occupied by twenty-nine men, thirty-one women, and thirty-seven children.

There was no case of infectious disease notified during the year. All the boats were found to be free from vermin infestation.

Other details for the year are as follows :

Total number of boats registered up to 31st					
December, 1959	..	..	..	..	551
Boats added to register in 1960	..	..	..	..	1
Registrations cancelled	..	..	..	..	328
Actual number of boats on register at 31st					
December, 1960	..	..	..	..	224

REFERENCES TO OTHER DEPARTMENTS

It is always a pleasant duty to place on record the cordial relations which exist between the various departments and the Public Health Inspectors Department in connection with the many and varied references necessary for the proper administration of the environmental health services.

A total of 3,579 references were made during the year to the Health Department and the Departments of the City Engineer, the City Architect and Planning Officer, the Director of Education, the Housing Director, the Director of Parks, the Water Engineer and Manager, the City Estates Surveyor, the Director of Welfare Services, the Children's Officer, and the City Analyst.

In addition to these, searches were made in respect of 6,641 properties for the Town Clerk's Department under the Land Charges Act, 1925.

New legislation necessitated many forms and other stationery, for which a special word of thanks is due to the Printing and Stationery Department for the expeditious and efficient way in which these needs were met.

The wide variety of the interests involved is an indication of the scope of the environmental work carried out.

VERMINOUS PREMISES

Ninety-two cases of vermin infested dwelling houses were dealt with by the Department during the year. This represented a decrease of 52% on the number of infestations dealt with during 1959.

The bed bug (*cimex lectularius*) was the pest requiring most attention, and complete disinfection was carried out in each instance. The insecticides used contain D.D.T. and Gammexane in liquid form or generated as a residual smoke. The human flea (*pulex irritans*) also called for some attention, and was effectively treated.

The demand for the services of the Department to deal with infestations of insect pests other than the bed bug and flea showed an appreciable increase on the previous year. These included cockroaches, ants, wasps, crickets, flies, woodworm, beetles and mites. In this connection, 420 infestations were treated.

Again, there was much attention given to the incidence of the German cockroach (steam fly) found to be infesting canteen food kitchens. Successful treatments were carried out in every instance by the use of liquid insecticides and dusting powders containing D.D.T.

DUSTBINS

The provision of dustbins to private dwelling houses is effected through the discretionary powers contained in Section 75 (1) of the Public Health Act, 1936, as amended by Section 8 of the Local Government (Miscellaneous Provisions) Act, 1953.

During the year questionnaires were sent to the landlords and tenants of fifty-five properties in respect of the absence of dustbins for the storage of domestic refuse. The information received was reported upon to the Health Committee in each instance, so that all the relevant facts were available for the exercise of the discretionary powers granted by the Act. Forty-one statutory notices were served upon landlords in respect of the provision of adequate dustbin accommodation. None was served on occupiers for that purpose during the year under review.

Dustbins were supplied by the local authority in default of the owners in four instances. In all other instances where statutory action was found to be necessary, the dustbin was supplied within the period stated on the notice.

In addition to the above, ninety dustbins were supplied by owners to dwelling houses without recourse to the legal formalities required by the statute.

FACTORIES ACTS, 1937 — 1959

The following tables, which are inserted in compliance with Section 128 of the Factories Act, 1937, show the number of factories in the City and inspection carried out.

The table shows a further reduction in factories where Sections 1, 2, 3, 4 and 6 of the 1937 Act are enforced, that is, factories without mechanical power. This follows the trend that has been taking place for many years. In seventy-three instances contraventions of the 1937 Act were found, and in each case a notice in respect of the contravention was served. In addition to these there were several instances where statutory nuisances, within the meaning of the Public Health Act existed, these were dealt with in the appropriate manner. In the majority of instances the contraventions were confined to small factories.

TABLE I — INSPECTION

Premises	Number on Register	Number		
		Inspections	Written Notices	Occupiers Prosecuted
1. Factories in which Sections 1, 2, 3, 4 and 6 of the 1937 Act are enforced by local authorities	46	3	2	—
2. Factories not included in 1, in which Section 7 of the 1937 Act is enforced by local authorities	1,073	245	70	—
3. Other premises in which Section 7 of the 1937 Act is enforced by local authorities (excluding outworkers' premises)	22	22	1	—
	1,141	270	73	—

TABLE 2 — DEFECTS

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred To H.M. Inspector	By H.M. Inspector	
Want of cleanliness (Sec. 1) ..	1	—	—	1	—
Overcrowding (Sec. 2) ..	—	—	—	—	—
Unreasonable temp'r. (Sec. 3) ..	—	—	—	—	—
Inadequate ventilation (Sec. 4)	—	—	—	—	—
Inefficient drainage of floors (Sec. 6) ..	—	—	—	—	—
Sanitary conveniences (Sec. 7)					
(a) Insufficient	1	1	—	2	—
(b) Unsuitable or defective ..	70	56	—	41	—
(c) Not separate for sexes ..	1	1	—	1	—
Other offences against the Acts (Not including offences relating to outwork)	—	—	—	—	—
Totals	73	58	—	45	—

PART VIII OF THE ACT
OUTWORK
(Sections 110 and 111)

Nature of Work	Section 110			Section III		
	No. of out workers in August list required by Section 110(1)(c)	No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in unwholesome premises	Notices served	Prosecutions
(1)	(2)	(3)	(4)	(5)	(6)	(7)
Wearing apparel { Making etc., { Cleaning and { Washing	54	—	—	—	—	—
The making of boxes or other receptacles or parts thereof made wholly or partially of paper	19	—	—	—	—	—

Outworkers :

During the year fifteen lists were received in accordance with Section 110 of the Factories Act, 1937, from firms employing outworkers in the City. Of these, seven lists were received in the August returns, and related to seventy-three outworkers employed as follows :—

Making, altering or cleaning of wearing apparel	54
Making of cardboard boxes	19

No contravention of the Act relating to outworkers premises was observed during the year.

Bakehouses :

During the year fifty-one inspections were carried out of bakehouses, and in no instance was it necessary to call the occupier's attention to a contravention of the Food Hygiene (General) Regulations, 1960, due to the high standard of cleanliness maintained.

Two small bakehouses, mainly concerned with the production of flour confectionery, were closed during the year.

The following table shows the number of bakehouses in the City and the inspections carried out during the year.

Number on register January 1960	..	..	35
Number closed during the year	..	..	2
Number of changes of occupation	..	..	Nil
Number of new bakehouses opened during the year	..	..	Nil
Number on register December 1960	..	..	33
Number of inspections carried out during 1960			51

COVENTRY CORPORATION ACT, 1948 — SECTION 57

Hairdressers and Barbers Premises

The provisions of Section 57 of this Act require that "every person who carries on the trade or business of a hairdresser or barber within the City shall register his name and place of abode and also the premises in which such trade or business is carried on in a book to be kept at the offices of the Corporation for the purpose." Moreover, the Corporation have made byelaws under the powers granted by this Section with the object of securing

- (a) the cleanliness of any premises so registered and of the instruments, towels, materials and equipment used therein, and
- (b) the cleanliness of persons employed in such premises in regard to both themselves and their clothing.

It is a condition of registration that a copy of the Byelaws made under this Section is displayed in the registered premises. This enactment is administered by the Public Health Inspector's Department, and in this connection ninety-two inspections of hairdressers and barbers premises were made during the year under review. Applications in respect of twenty-two hairdressers and barbers premises were approved during this period, and one such business was discontinued. At the year end there were two hundred and ninety-seven premises recorded in the register.

PET ANIMALS ACT, 1951

Twenty one pet shops licences were granted during the year. Of these, twenty licences were granted in the form of renewals in respect of existing pet shops. One new pet shop was established, for which a licence was granted. Three licensed pet shops were discontinued.

Before any premises are reported upon to the Health Committee for the granting of a licence, the opinion of the Chief Fire Officer as to security of the premises against fire is obtained. Appreciation of the co-operation which is always afforded in this respect is recorded here.

Thirty visits were made to pet shops for the purposes of ensuring that the licence conditions were fully observed.

PREVENTION OF DAMAGE BY PESTS ACT, 1949

The work of rodent control was carried out by the Rodent Officer and Rodent Operatives in accordance with the requirements of the Prevention of Damage by Pests Act, 1949.

Complaints by occupiers have been investigated, and treatment carried out where necessary. During the period under review, survey inspections were made and infestations dealt with forthwith.

The work carried out by the rodent control section of the Public Health Inspector's Department, enumerated in the following tables, covers the period 1st January, 1960, to 31st December, 1960.

TABLE I. Investigations and Cases dealt with by the Rodent Officer.

TABLE II. No. of Cases dealt with and work carried out by the Departmental Rodent Operatives

No. of complaints investigated	..	..	..	..	..	2,273
No. of premises inspected by survey	(Dwelling Houses)	..	..	..	..	277
	(Business Premises)	..	..	..	..	47
	(Local Authority)	..	..	..	..	64
No. of premises found to be infested	(Dwelling Houses)	..	..	..	..	1,493
	(Business Premises)	..	..	..	..	143
	(Local Authority)	..	..	..	..	112
No. of visits and revisits to treat infestations	(Dwelling Houses)	..	..	..	..	5,737
	(Business Premises)	..	..	..	..	383
	(Local Authority)	..	..	..	..	480
No. of infestations treated	..	..	..	..	..	1,748
No. of infestations cleared	..	..	..	..	..	1,699
No. of warfarin baits laid	..	..	..	..	..	21,102
No. of instances where gas was used	..	..	..	..	..	Nil
No. of carcasses found following treatment	..	..	..	..	..	347

The work of systematically baiting the sewers with poison which is carried out by the City Engineer's Department was continued during the period under review. In this connection a first maintenance treatment of twenty-four sections, a second maintenance treatment of twenty-two sections, and a third maintenance treatment of nine sections of the City's main sewerage system were completed.

First Maintenance Treatment

No. of sewer manholes baited 1,023
 No. of sewer manholes where poison baits were taken 354
 No. of sewer manholes where no baits were taken .. 669

Second Maintenance Treatment

No. of sewer manholes baited	923
No. of sewer manholes where poison baits were taken	322
No. of sewer manholes where no baits were taken	601

Third Maintenance Treatment

No. of sewer manholes baited	381
No. of sewer manholes where poison baits were taken	168
No. of sewer manholes where no baits were taken	213

TIPS

Baginton, Wyken, Longford, and Whitley

Inspections of the above-mentioned refuse tips were carried out at monthly intervals, and any infestations found were dealt with successfully. The routine inspections will be continued, and a maintenance treatment carried out whenever necessary.

WORK OF THE DISTRICT INSPECTORS

		Dec. 1959	Dec. 1960
DRAINAGE AND PAVEMENT			
Drains opened and cleansed from obstruction	.. ..	863	687
Drains provided with efficient traps	.. ..	—	—
New Drains, inspection and intercepting chambers provided	..	269	171
Drains relaid or repaired	.. ..	179	247
Soil pipes and ventilating shafts improved or repaired	..	68	37
Rain water pipes disconnected from the sewer	.. ..	—	1
Courts and back yards paved and repaired	.. ..	57	40
Sink drains disconnected from the sewer	.. ..	2	2
DWELLINGS			
Floors of dwellings relaid or repaired	.. ..	264	195
Dilapidated walls and ceilings repaired	.. ..	324	388
Damp walls—Damp courses inserted	.. ..	24	58
Repointed or cement rendered	.. ..	470	424
Roofs repaired and made weatherproof	.. ..	326	415
Dangerous stairs repaired	.. ..	24	29
Additional windows provided and others repaired and made to open	.. ..	629	654
Defective guttering repaired	.. ..	367	452
Houses provided with food stores	.. ..	—	2
Existing pantries provided with external ventilation	..	—	—
Sculleries provided or reconstructed or enlarged	..	—	—
Wash houses provided	.. ..	—	—
New waste pipes provided and others repaired	.. ..	109	93
New sinks provided	.. ..	44	41
Foul cellars cleansed and defects in drains remedied	..	—	—
Houses limewashed and cleansed	.. ..	—	—
Houses cleansed after infectious disease	.. ..	—	—
Verminous houses and furniture disinfested	.. ..	192	92
Additional water closets provided	.. ..	8	11
Water closets reconstructed	.. ..	44	32
Water closets repaired and limewashed	.. ..	—	—
Water closets provided with new pedestals	.. ..	115	75
Water closet pans replaced with pedestals	.. ..	—	—
Defective joints in flush pipes repaired	.. ..	52	59
Foul water closet basins and traps cleansed	.. ..	—	—
Defective water closet cisterns repaired	.. ..	176	160
New flushing cisterns provided	.. ..	42	13
Urinals cleansed and reconstructed	.. ..	—	—
Urinals abolished	.. ..	—	—
PRIVIES, CESSPOOLS, ASHPISTS AND DUSTBINS			
Cesspools abolished	.. ..	29	12
Offensive privies or pail closets converted into water closets	..	19	5
Offensive privies or pail closets abolished	.. ..	2	8
New water closets erected in place of above	.. ..	2	8
Houses provided with sanitary dustbins	.. ..	146	145
VARIOUS			
Nuisances from animals kept abated	.. ..	32	41
Offensive accumulations removed	.. ..	240	232
Courts and backyards cleansed by tenants	.. ..	31	15
Gipsy tents and caravans removed	.. ..	48	65
Dairies reconstructed or improved	.. ..	4	1
Water supply—additional taps provided	.. ..	7	4
Polluted wells dispensed with	.. ..	—	—
Town water supplied in place of well water	.. ..	—	—
Offensive ditches cleansed	.. ..	23	16
Miscellaneous	.. ..	1636	1323
Improvements effected at factories	.. ..	57	63
Improvements effected at shops and food premises	..	330	318
		<u>7254</u>	<u>6639</u>

Summary of Inspectors' Work

IN CONNECTION WITH THE SUPPRESSION OF NUISANCES FOR THE PAST TEN YEARS.

	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960	Totals.
No. of drains opened and cleansed from obstruction ..	1407	977	1139	975	1010	978	602	763	863	687	9,401
" drains provided with efficient traps ..	46	18	1	5	9	—	—	—	—	—	79
" new drains provided to premises ..	97	54	175	234	77	160	114	188	240	171	1,510
" sink drains disconnected from the sewer ..	12	8	1	2	7	1	—	—	2	2	37
" floors and walls of houses repaired ..	1068	912	810	579	583	347	299	389	758	1065	6,810
" new sinks provided and others repaired ..	52	40	6	—	—	20	24	42	118	153	134
" roofs of houses repaired and made weatherproof ..	468	390	434	282	406	259	199	303	326	415	3,482
" defective spouts repaired ..	389	390	535	372	304	231	181	289	367	452	3,510
" houses lime-washed and cleansed ..	—	7	—	—	—	—	—	—	—	—	14
" houses cleansed after infectious disease ..	—	—	—	—	—	—	—	—	—	—	1
" offensive privies or pail closets converted into water closets ..	31	17	38	—	—	1	6	1	24	19	5
" offensive privies or pail closets abolished ..	14	8	28	5	4	—	—	14	10	2	93
" new water closets erected in place of above ..	14	8	27	5	6	—	—	14	10	2	94
" additional new water closets provided ..	25	29	59	186	25	18	—	—	11	8	11
" water closets provided with new cisterns ..	81	70	15	13	33	85	84	89	42	13	525
" " pedestal pans ..	181	136	109	134	129	201	143	156	115	75	1,379
" " foul water closet drains cleansed ..	12	14	8	3	7	3	—	—	—	—	47
" defective water closet cisterns, etc., repaired ..	202	159	213	256	163	209	144	166	176	219	1,967
" sanitary dustbins provided to dwelling places and other premises ..	184	35	40	149	181	123	73	116	146	145	1,192
" urinals cleansed, repaired and reconstructed ..	2	1	—	—	—	—	—	—	—	—	3
" courts and backyards paved and repaired ..	42	12	44	27	6	13	7	32	57	40	280
" nuisances from animals kept, abated ..	12	41	18	10	1	—	2	16	32	41	173
" offensive accumulations removed ..	122	91	144	97	202	87	108	189	240	232	1,512
" cases of overcrowding dealt with ..	14	—	8	2	—	—	—	5	9	5	43
" miscellaneous sanitary improvements effected ..	2675	2144	1876	1310	1139	2130	1951	2927	3697	2911	22,760
	7,157	5,562	5,728	4,646	4,313	3,978	5,803	7,254	6,639	55,955	

Summary of Miscellaneous Work
FOR THE PAST TEN YEARS

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CAUSES OF AND AGES AT DEATH, 1960

CAUSES OF DEATH.	Total Deaths 1960			Under 1 year	1 and under 5.	5 and under 15.	15 and under 45.	45 and under 65.	65 and upwards.	Deaths in C. & W. Hosp.	Deaths in Gulson Hospital.	Deaths in other Institutions.	
	Males	Females	Total										
1. Tuberculosis Respiratory	13	7	20	—	—	—	4	9	7	—	—	—	15
2. Tuberculosis Other ..	3	—	3	—	—	—	—	3	—	—	—	—	—
3. Syphilitic Disease ..	—	—	—	—	—	—	—	—	—	—	—	—	—
4. Diphtheria ..	—	—	—	—	—	—	—	—	—	—	—	—	—
5. Whooping Cough ..	—	—	—	—	—	—	—	—	—	—	—	—	—
6. Meningococcal Infection	—	—	—	—	—	—	—	—	—	—	—	—	—
7. Acute Poliomyelitis ..	—	—	—	—	—	—	—	—	—	—	—	—	—
8. Measles ..	—	—	—	—	—	—	—	—	—	—	—	—	—
9. Other Infective and Parasitic Diseases ..	2	1	3	2	—	—	—	—	1	—	—	—	1
10. Malignant Neoplasm, Stomach ..	41	30	71	—	—	4	27	40	2	9	15	—	—
11. ditto Lung, Bronchus ..	102	18	120	—	—	5	68	47	9	10	33	—	—
12. ditto Breast ..	—	50	50	—	—	6	22	22	2	3	10	—	—
13. ditto Uterus ..	—	22	22	—	—	2	14	6	1	1	6	—	—
14. Other Malignant and Lymphatic Neoplasms	143	93	236	—	2	17	75	142	7	30	62	—	—
15. Leukaemia, Aleukaemia	6	7	13	—	2	—	7	4	1	8	2	—	—
16. Diabetes ..	7	12	19	1	—	1	1	3	—	5	7	—	—
17. Vascular Lesions of Nervous System ..	159	194	353	2	—	9	62	280	28	46	71	—	—
18. Coronary Disease, Angina	330	158	488	—	1	22	159	306	58	30	49	—	—
19. Hypertension with Heart Disease ..	39	33	72	—	—	—	16	56	7	4	24	—	—
20. Other Heart Disease ..	174	186	360	3	—	1	17	59	280	15	33	67	—
21. Other Circulatory Disease	38	37	75	2	—	—	8	15	50	7	14	34	—
22. Influenza ..	2	2	4	—	—	—	2	2	—	—	2	—	—
23. Pneumonia ..	105	63	168	17	4	1	8	32	106	9	27	62	—
24. Bronchitis ..	76	28	104	2	1	—	1	30	70	6	11	20	—
25. Other diseases of Respiratory System ..	24	15	39	14	—	—	2	7	16	5	14	10	—
26. Ulcer of Stomach and Duodenum ..	17	3	20	—	—	—	1	10	9	2	6	7	—
27. Gastritis, Enteritis and Diarrhoea ..	5	1	6	4	—	—	—	1	1	—	3	—	—
28. Nephritis and Nephrosis	27	11	38	—	—	2	8	9	19	3	7	12	—
29. Hyperplasia of Prostate	18	—	18	—	—	—	2	16	1	1	—	7	—
30. Pregnancy, Childbirth, Abortion ..	—	1	1	—	—	—	1	—	—	—	—	1	—
31. Congenital Malformations ..	23	19	42	36	3	—	2	—	1	—	17	17	—
32. Other Defined and Ill-defined Diseases ..	88	84	172	71	3	—	15	31	52	9	66	72	—
33. Motor Vehicle Accidents	40	15	55	1	4	5	19	13	13	42	—	8	—
34. All Other Accidents ..	30	33	63	6	6	3	11	8	29	38	1	4	—
35. Suicide ..	14	16	30	—	—	14	11	5	5	—	—	—	—
36. Homicide and Operations of War ..	3	—	3	2	—	—	1	—	—	2	—	—	—
TOTALS ..	1,529	1,139	2,668	163	22	17	178	695	1,593	261	347	618	—

VITAL STATISTICS OF CITY FROM 1936 to 1960 INCLUSIVE

YEAR.	BIRTHS		TOTAL DEATHS REGISTERED IN THE CITY.		TRANSFERABLE DEATHS		NETT DEATHS BELONGING TO THE CITY.		
	Population estimated to middle of each year.	Nett	Uncorrected Number	Rate per 1,000 population.	Number	Rate per 1,000 population.	Number	Rate per 1,000 Nett Births	At all Ages.
		Nett	Number	Rate per 1,000 population.	Number	Rate per 1,000 population.	Number	Rate per 1,000 Nett Births	
1936	192,360	3,009	2,912	15.1	1,960	10.1	101	51.8	1,961
1937	206,500	3,306	3,254	15.7	2,154	10.4	128	48.5	2,156
1938	219,900	3,724	3,624	16.5	2,074	9.4	139	56.0	2,091
1939	234,000	4,155	4,155	17.7	2,179	9.3	100	129	2,208
1940	229,400	3,973	3,973	16.4	3,157	13.0	238	248	3,217
1941	193,070	3,301	3,301	17.1	2,097	10.1	142	670	156
1942	207,200	3,996	3,996	19.3	1,617	8.0	59	577	249
1943	214,870	4,889	4,889	21.2	1,683	7.3	57	593	244
1944	220,400	5,466	5,466	22.8	1,664	6.9	81	583	265
1945	221,970	4,949	4,949	22.2	1,847	8.3	68	569	338
1946	232,850	4,326	5,225	22.4	1,856	7.9	69	562	284
1947	242,860	4,787	5,643	23.2	2,051	8.4	126	503	255
1948	250,400	4,249	5,101	20.3	1,803	7.2	65	489	232
1949	254,900	3,931	4,743	18.6	1,862	7.3	71	552	187
1950	256,800	3,596	4,450	17.3	1,864	7.3	113	569	145
1951	258,100	3,576	4,326	16.7	2,176	8.4	99	608	154
1952	261,000	3,389	4,159	15.9	1,836	7.0	94	605	132
1953	263,000	3,524	4,250	16.1	1,952	7.4	88	373	142
1954	264,600	3,465	4,171	15.76	1,938	7.3	100	336	127
1955	267,300	3,576	4,300	16.09	2,133	8.0	123	314	120
1956	272,600	3,876	4,640	17.02	2,131	7.8	118	241	124
1957	277,300	4,099	4,925	17.76	2,016	7.3	116	320	141
1958	281,000	4,395	5,164	18.38	2,027	7.2	118	577	156
1959	285,700	4,640	5,433	19.02	2,153	7.5	147	517	143
1960	291,000	5,066	5,998	20.61	2,287	7.9	137	518	163

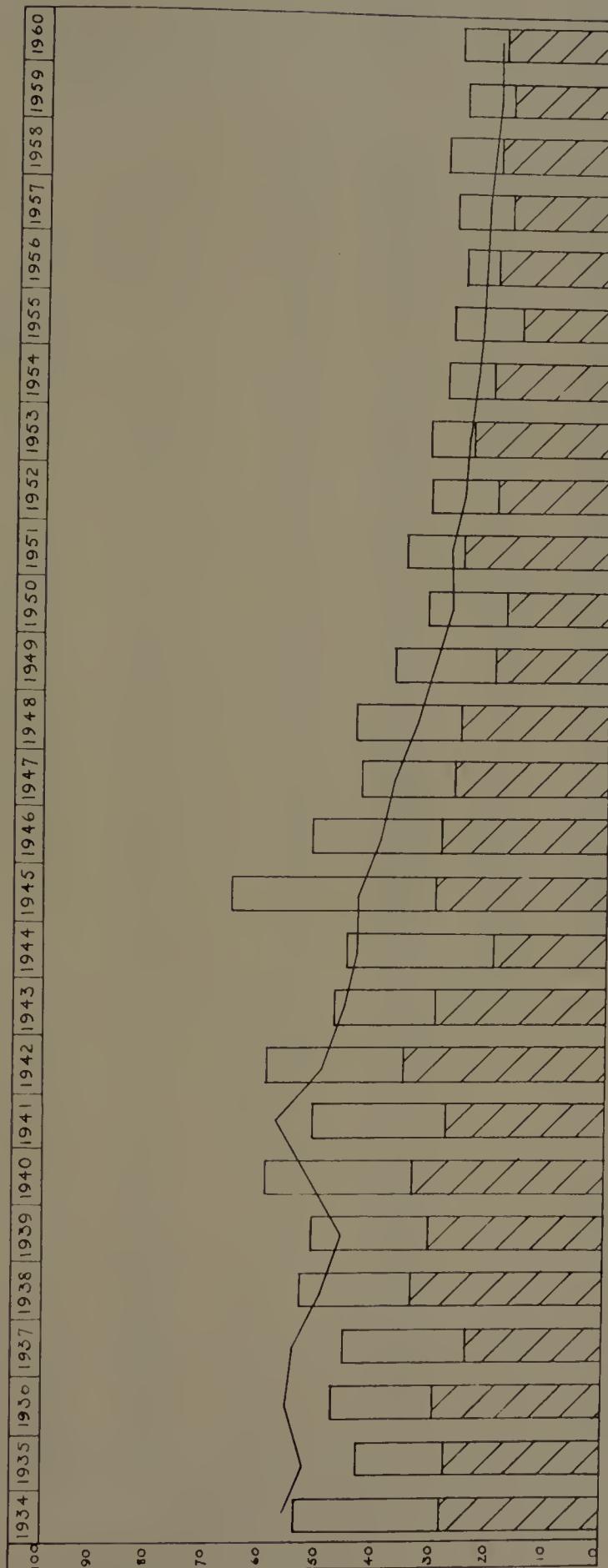
Table of Comparative Vital Statistics over a period of ten years
for Coventry and England and Wales.

YEAR	BIRTH RATE		DEATH RATE		INFANTILE MORTALITY RATE	
	Coventry	England and Wales	Coventry	England and Wales	Coventry	England and Wales
1951	16.7	15.5	10.4	12.5	35.6	29.7
1952	15.9	15.3	8.9	11.3	31.7	27.6
1953	16.1	15.5	8.5	11.4	33.4	26.8
1954	15.76	15.2	8.2	11.3	30.4	25.4
1955	16.09	15.0	8.7	11.7	27.9	24.9
1956	17.02	15.6	8.3	11.7	26.7	23.7
1957	17.76	16.1	8.0	11.5	28.6	23.1
1958	18.38	16.4	8.8	11.7	30.2	22.5
1959	19.02	16.2	8.8	11.4	26.3	22.02
1960	20.61	17.08	9.16	11.3	27.29	21.8

INFANT MORTALITY DURING 1960
Deaths from stated Causes at various Ages under One Year.

CAUSE OF DEATH.	All Causes { Certified : Uncertified}	Under 1 Day	1—2 Days	2—3 Days	3—4 Days	4—5 Days	5—6 Days	1 week	1 Month	1—3 Months	3—6 Months	6—9 Months	9—12 Months	Total Deaths under One Year.	
Measles
Whooping Cough
Diphtheria
Influenza
Tuberculosis of Nervous System
Tuberculosis of Intestines and Peritoneum
Other Tuberculous Diseases
Syphilis
Meningitis
Convulsions
Bronchitis
Pneumonia
Other Respiratory Diseases
Inflammation of Stomach
Diarrhoea and Enteritis
Hernia : Intestinal
Obstruction
Congenital Malformations	9	1	3	2	1	3	19	2	1	3	2	1	3	1	3
Congenital Debility and Sclerema
Icterus
Premature Birth
Injury at Birth
Diseases of Umbilicus
Atelectasis
Suffocation in Bed and not stated
Other Causes
TOTAL, ALL CAUSES ..	53	18	12	7	2	5	97	12	8	7	124	16	11	8	4

CHART SHOWING INFANT MORTALITY PER 1,000 BIRTHS IN COVENTRY.



THE INFANT DEATH RATE PER 1,000 BIRTHS IS REPRESENTED BY THE CHIMNEYS, THE SHADED PORTION OF WHICH REPRESENTS THE DEATH RATE AMONGST BABIES UNDER FOUR WEEKS OF AGE [I.E. THE NEONATAL DEATH RATE]. THE INFANT DEATH RATE FOR ENGLAND AND WALES IS REPRESENTED BY THE LINE.

Year	Houses Inhabited (December)	Vacant.	Popula- tion (Mid-year)	Mortality	Infectious Mortality	Deaths under one year per 1000 born.	Birth Rate
1801	2,930	—	16,034	—	—	—	—
1811	3,448	*60	17,923	—	—	—	—
1821	3,729	*114	21,448	—	—	—	—
1831	5,444	*421	27,298	—	—	—	—
1841	6,531	*590	31,032	—	—	—	—
				Ten Years' Average.			
1851	7,783	*151	36,812	27	—	—	—
1861	8,991	*1,026	40,936	25	—	—	—
1871	8,535	*816	37,670	22	—	—	—
1881	9,239	*643	42,111	20	3·3	150	35·4
1891	11,465	*284	52,724	18·5	1·7	142	32·0
1901	15,571	353	69,978	16·96	1·9	153·7	29·8
1911	23,515	95	106,349	13·7	1·4	109·3	28·0
1921	28,355	502‡	128,157	11·3	0·7	83·6	23·2
1931	41,275	917‡	167,083	10·1	0·2	67·7	15·7
1951	—	—	258,211	10·7	0·17	52·4	18·0
1911	23,515	95	107,287	13·3	2·08	109·8	26·9
1912	24,590	50	111,166	11·9	1·35	76·1	26·4
1913	25,051	113	115,064	11·4	0·84	91·6	26·0
1914	25,860	99	119,003	11·7	0·70	84·6	26·9
1915	26,667	56	122,982	12·9	1·39	87·8	23·8
1916	27,366	12	127,089	10·9	1·23	87·5	23·5
1917	27,531	15	130,000	10·4	0·47	78·5	20·2
1918	27,735	25	133,000	14·6	0·42	92·5	20·7
1919	27,829	20	136,000	9·3	0·32	82·8	18·2
1920	27,973	48	130,000	9·8	0·35	76·0	25·0
1921	28,355	502‡	128,157	10·2	0·25	79·3	22·1
1922	28,661	72	129,000	10·6	0·34	70·4	18·9
1923	29,414	40	130,500	9·3	0·20	64·9	16·9
1924	29,685	90	132,000	9·6	0·19	79·4	16·0
1925	30,199	83	133,500	10·6	0·30	77·1	16·3
1926	31,034	111	135,000	9·7	0·15	68·9	15·7
1927	32,260	151	139,000	10·2	0·23	63·4	14·8
1928	38,474	175	161,600°	9·6	0·34	65·7	14·4
1929	39,374	750	163,700	12·1	0·63	73·1	14·8
1930	40,519	800	165,800	10·1	0·32	57·0	14·5
1931	41,275	917	168,900	10·0	0·10	57·7	14·8
1932	45,781	1,000	182,000°	9·4	0·33	69·7	13·5
1933	47,175	1,000	184,500	9·9	0·21	64·5	13·4
1934	48,730	1,500	184,900	10·0	0·17	57·1	13·6
1935	50,622	1,854	190,000	9·7	0·16	46·5	14·4
1936	54,273	1,361	192,360	10·1	0·20	51·8	15·1
1937	57,888	1,606	206,500	10·4	0·18	48·5	15·7
1938	61,580	1,316	229,900	9·5	0·13	56·0	16·5
1939	—	—	—	9·4	—	54·6	17·7
1940	—	—	229,400	13·3	0·11	63·0	16·4
1941	—	—	193,070	12·8	0·21	54·8	17·1
1942	—	—	207,200	10·2	0·07	62·3	19·3
1943	—	—	214,870	9·6	0·23	49·9	21·2
1944	65,926	—	220,400	9·0	0·24	48·4	24·8
1945	—	—	221,970	10·5	0·30	68·2	22·2
1946	—	—	232,850	10·0	0·32	54·3	22·4
1947	68,900	—	242,860	9·9	0·18	45·1	23·2
1948	69,950	—	250,400	8·8	0·10	45·5	20·3
1949	70,550	—	254,900	9·4	0·11	39·4	18·6
1950	71,720	—	256,800	9·4	0·06	32·6	17·3
1951	72,497	—	258,100	10·4	0·03	35·6	16·7
1952	73,828	265	261,000	8·9	0·05	31·7	15·9
1953	76,150	157	263,000	8·5	0·04	33·4	16·1
1954	76,458	95	264,600	8·2	0·015	30·4	15·76
1955	79,369	400	267,300	8·7	0·026	27·9	16·09
1956	82,089	500	272,600	8·3	0·007	26·7	17·02
1957	84,000	750	277,300	8·0	0·032	28·6	17·76
1958	86,400	800	281,000	8·8	0·014	30·2	18·38
1959	88,800	800	285,700	8·83	—	26·3	19·02
1960	90,000	800	291,000	9·16	0·02	27·29	20·61

*This number includes all business offices, whether in dwelling houses or factories not occupied on the night the Census was taken.

†This number omits all business offices, factories, etc.

‡The Census returns show unoccupied "dwellings"—not houses.

°In these years an extension of the City Boundaries took place.

Comparative Statistics of the 16 wards in the City for 1960.

WARDS	R.G.'s Estimated Population, 1960	Acreage	Density per Acre	Number of Deaths Registered	Death Rate, 1960	Number of Births, *Registered in City	Birth rate for 1960	Number of Deaths under 1 year of age	Infantile Death Rate for 1960 (Per 1,000 Births).
Babblake . .	16,307	1,463	11·1	114	6·9	164	10·1	3	18·3
Charterhouse and Binley . .	22,899	2,173	10·5	216	9·4	429	18·7	23	53·6
Cheylesmore . .	18,780	1,056	17·7	155	8·2	297	15·8	10	33·6
Earlsdon . .	16,695	1,908	8·8	185	11·1	182	10·3	5	27·4
Foleshill . .	14,341	645	22·2	172	11·9	291	20·2	11	37·4
Godiva . .	14,032	559	25·1	140	9·9	315	22·4	11	34·9
Holbrooks . .	14,970	821	18·2	127	8·4	274	18·3	11	40·1
Longford . .	30,156	2,266	13·3	231	7·6	780	25·6	26	33·3
Lower Stoke . .	20,546	849	24·2	217	10·5	268	13·0	6	22·4
Radford . .	19,629	673	29·1	186	9·4	242	12·3	7	28·9
St. Michael's . .	15,181	380	39·9	185	12·1	325	21·4	14	43·1
Sherbourne . .	16,667	596	27·9	149	8·9	312	18·7	2	6·4
Upper Stoke . .	21,200	826	25·6	187	8·8	247	11·6	14	56·6
Walsgrave . .	18,330	1,550	11·8	109	5·9	326	17·1	6	18·4
Westwood . .	22,662	2,118	10·7	180	7·9	325	14·3	8	24·6
Whoberley . .	16,993	1,284	13·2	115	6·7	289	17·0	6	20·7

*These figures do not include the inward transferable births.

VENEREEAL DISEASES

Return relating to Cases Treated at the Coventry and Warwickshire Hospital, 1960.

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	Syphilis.						Gonorrhoea.			Other Conditions			TOTALS 1960.			TOTALS		
	M.	F.	M.	F.	M.	F.	M.	F.	Total.	1959	1958	1957	1956	1959	1958	1957	1956	
1. No. of patients on 1st January under treatment or observation	121	123	83	11	106	37	310	171	481	496	498	451	481					
2. No. of patients previously removed from the register who returned for treatment or observation of the same infection																		
3. No. of patients dealt with for the first time during the year under report (exclusive of those under item 4) suffering from:—																		
A. Syphilis, Primary																		
B. " Secondary																		
C. " Latent in first year of infection																		
D. " Cardio-vascular																		
E. " of the nervous system																		
F. " all other late or latent stages																		
G. " Congenital (under one year)																		
H. " (over one year)																		
I. Gonorrhoea																		
J. Chancroid																		
K. Lymphogranuloma Inguinale																		
L. Granuloma Venereum																		
M. Any other conditions requiring treatment																		
N. Conditions not requiring treatment																		
O. Conditions remaining undiagnosed at 31.12.60																		
4. No. of patients dealt with for the first time who have been transferred from other centres (civil or service) or from practitioners approved under Ministry of Health Circular 2226																		
TOTALS OF ITEMS 1, 2, 3 & 4.	139	145	282	48	537	204	958	397	1355	1298	1221	1170	1161					

VENereal DISEASES

Return relating to Cases Treated at the Coventry and Warwickshire Hospital, 1960.

	Syphilis		Gonorrhoea		Other Conditions		TOTALS 1960		TOTALS 1959		TOTALS 1958		TOTALS	
	M.	F.	M.	F.	M.	F.	Total	1959	1958	1957	1956			
5. No. of patients suffering from syphilis and gonorrhoea discharged after completion of treatment and final tests of cure, or who were diagnosed as "other conditions"	17	17	135	22	404	152	556	191	747	598	531	503	506	
6. No. of patients suffering from :— A. Syphilis who defaulted after completion of treatment but before final discharge B. Gonorrhoea who defaulted C. Other conditions.. ..	18	4	—	—	80	8	—	—	18	4	22	33	27	22
					—	—	28	7	28	7	88	61	41	30
											35	59	37	47
7. No. of patients transferred to other centres or institutions or to private practitioners	5	4	22	3	19	13	46	20	66	66	100	71	71	67
8. No. of patients remaining under treatment or observation on 31st December, 1960	99	120	45	15	86	32	230	167	397	481	485	498	498	451
TOTALS OF ITEMS 5, 6, 7, 8	139	145	282	48	537	204	958	397	1355	1298	1221	1171	1161	
9. No. of attendances :— A. For individual attention by the medical officer(s) B. For intermediate treatment, e.g. dressings etc...	1614	1543	1091	99	2142	514	4847	2156	7003	7642	7658	7156	7156	7637
					320	1249	442	1834	1559	3191	2321	5512	7616	7733
TOTAL ATTENDANCES	1722	1863	2340	541	3976	2073	8038	4477	12515	15258	15391	14040	14430	

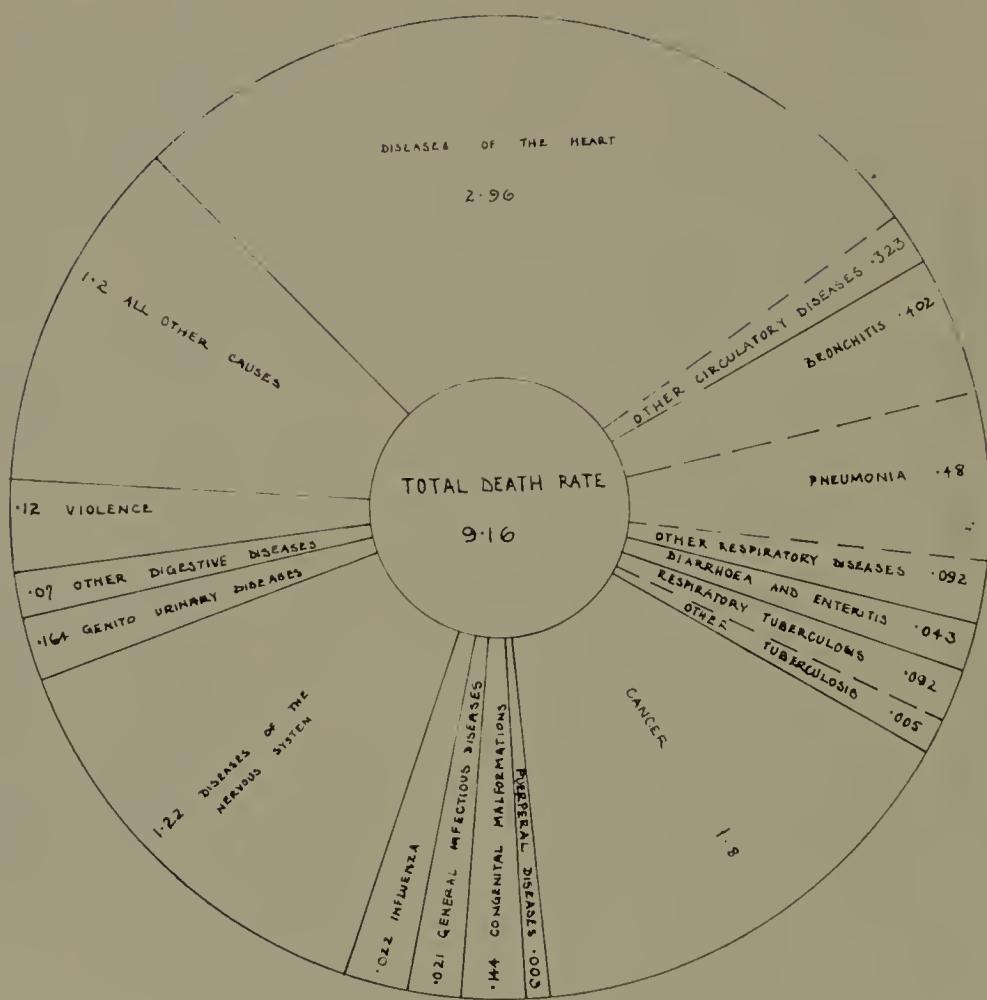
Tuberculosis—Ten Year Summary

YEAR	CASES ON REGISTER		CASES NOTIFIED (or brought to notice)		DEATHS			
	Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary	Pulmonary		Non-Pulmonary	
					No.	Rate	No.	Rate
1951	M.	1063	145	247	26	56	0.29	10
	F.	780	200	132	20	19	0	0.04
1952	M.	1241	159	290	23	29	0.20	4
	F.	884	211	180	25	22	11	0.06
1953	M.	1349	167	285	17	30	0.15	3
	F.	961	213	173	21	9	2	0.02
1954	M.	1457	177	270	27	35	0.15	2
	F.	1051	215	163	15	6	2	0.015
1955	M.	1587	185	289	20	34	0.16	2
	F.	1129	223	156	16	8	2	0.015
1956	M.	1676	164	247	21	29	0.14	4
	F.	1204	181	171	30	9	1	0.018
1957	M.	1719	171	222	28	20	0.11	2
	F.	1212	184	129	20	10	0	0.007
1958	M.	1680	166	187	17	21	0.10	1
	F.	1208	172	132	11	6	0	0.004
1959	M.	1689	168	161	16	14	0.09	1
	F.	1188	174	88	21	10	1	0.007
1960	M.	1681	169	172	16	35	0.17	3
	F.	1165	175	98	27	15	0	0.010

Cases of Infectious Diseases notified during the year 1960.

PROPORTION OF DEATHS FROM
PRINCIPAL CAUSES TO TOTAL DEATHS

1960



THE TOTAL NUMBER OF DEATHS WAS 2,668.

THE TOTAL DEATH RATE FROM ALL CAUSES WAS 9.16.

RAINFALL

Total Rainfall Recorded in Inches from 1895—1954

	Average for 10 years	Highest	Lowest
1895 — 1904	24.41	32.75 in 1903	19.87 in 1898
1905 — 1914	26.47	37.02 in 1912	21.35 in 1905
1915 — 1924	27.25	31.96 in 1924	17.44 in 1921
1925 — 1934	26.95	33.09 in 1927	20.96 in 1934
1935 — 1944	25.67	32.81 in 1939	20.28 in 1943
1945 — 1954	25.69	32.49 in 1951	20.59 in 1947

TOTALS FOR THE PAST 10 YEARS

1951	32.49	1956	23.60
1952	25.86	1957	25.06
1953	20.89	1958	31.56
1954	30.50	1959	20.67
1955	24.26	1960	34.34

SUNSHINE

Total Sunshine Hours Recorded from 1895—1954

	Average for 10 years	Highest	Lowest
1895 — 1904	1243	1495 in 1895	967 in 1902
1905 — 1914	1344	1555 in 1911	1052 in 1905
1915 — 1924	1307	1530 in 1921	1110 in 1920
1925 — 1934	1265	1489 in 1929	1087 in 1932
1935 — 1944	1270	1467 in 1940	1120 in 1936
1945 — 1954	1351	1587 in 1949	1144 in 1954

TOTALS FOR THE PAST 10 YEARS

1951	1410	1956	1187
1952	1365	1957	1302
1953	1503	1958	1121
1954	1361	1959	1574.3
1955	1144	1960	1218.4

METEOROLOGICAL OBSERVATIONS MADE AT THE MEMORIAL PARK, COVENTRY, 1960

Lat. 52° 23' 26" N. Long. 1° 31' 4" W. Height of rim of rain gauge above Main Sea Level: 338 ft.

The cistern of the barometer is situated 301.75 feet above sea level.

Meteorological Station moved from City Hospital, Whitley, to the Memorial Park. 1.4.51.

Atmospheric Pollution Recorders moved from Whitley Pumping Station to Whitley Waterworks ½ mile S.E. ~ 1.9.51.

Atmospheric Pollution Recorders moved from Edgwick Park to Foleshill Road Day Nursery, 50 yards N.W.

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